Announced Care and Medicines Management Inspection Report
22 August 2019

Beechview Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 451 Falls Road, Belfast, BT12 6DD
Tel No: 028 9024 3107
Inspector: Norma Munn and Frances Gault

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 six registered places.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited **Responsible Individual:** Mr Mark Hamburger	**Registered Manager:** Mrs Orla Fisher
Person in charge at the time of inspection: Mrs Orla Fisher	**Date manager registered:** 25 August 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Six

4.0 Action/enforcement taken following the most recent inspection dated 23 October 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 care inspection took place on 22 August 2019 from 10.00 to 14.10. Following information received from the Health and Social Care Board (HSCB), Frances Gault, senior pharmacist inspector and a dental advisor from the HSCB reviewed the practices in place for the use of conscious sedation.

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 Mrs Orla Fisher, registered manager, Ms Alison Rae, compliance facilitator for Portman Healthcare Limited, the practice manager, three dentists, two dental nurses and a decontamination assistant. A tour of some areas of the premises was also undertaken.

One area for improvement against the regulations has been identified in relation to the servicing of the relative analgesia (RA) machines. Two areas for improvement against the standards have been identified in relation to conscious sedation training and reviewing the standard operating procedures for the management of controlled drugs.

The findings of the inspection were provided to Mrs Fisher, registered manager, and Ms Rae, compliance facilitator for Portman Healthcare Limited, 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 October 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

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.

Mrs Fisher confirmed that conscious sedation is provided in Beechview Dental Practice.

The practice offers intravenous sedation (IV) and inhalation sedation, known as relative analgesia (RA). We were advised that oral sedation had previously been used as part of the treatment plan for some adults. However this had recently been reviewed and the practice has stopped.

A policy and procedure in relation to the management of conscious sedation is in place.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

A review of records and discussion with Mrs Fisher confirmed that the RA equipment had not been serviced in keeping with manufacturer's instructions. A review of records evidenced that the most recent service had been undertaken during June 2018. Mrs Fisher did confirm that a date had been arranged for the servicing to take place during October 2019. An area for improvement against the regulations has been made.

Mrs Fisher confirmed that a nitrous oxide risk assessment had been completed. However, a review of the risk assessment and discussion with staff indicated that the risks and control measures undertaken were not in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. There was no scavenging system in place and Mrs Fisher agreed to address this issue as a matter of urgency. Following the inspection RQIA received confirmation that inhalation sedation using RA will only be offered by one dentist in one of the surgeries and a scavenging system will be in use in that surgery in accordance with the NIAIC alert. Mrs Fisher confirmed that the risk assessment will be revised accordingly.

Training records reviewed evidenced that most of members of the dental team providing treatment under conscious sedation had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice and regular updates. It was advised that all members of the dental team providing treatment under conscious sedation should have evidence of training in accordance with best practice. It was confirmed that conscious sedation training has been arranged to take place later in the year. An area for improvement against the standards has been made.

Management of controlled drugs

Standard operating procedures (SOP) are in place for the management of controlled drugs. These should be reviewed to ensure that they reflect the current practice, including the return of unused or out of date controlled drugs to the community pharmacist for disposal and the disposal of partly used vials. An area for improvement against the standards has been made.

Currently one of the dentists in the practice orders the schedule 3 controlled drugs for use in another practice in the Portman Healthcare group. Mrs Fisher was advised that this was not acceptable and an assurance was given that the practice would cease with immediate effect. They were also advised that the procedures for the requisition of schedule 3 controlled drugs was currently being reviewed by the Department of Health and the HSCB.

Controlled drugs are stored, when required, in a controlled drug cabinet.

Stock balance records were in place for the use of schedule 3 controlled drugs. These identify the dentist and dental nurse involved in each administration. Advice was given on the completion of this record to ensure that partly used vials were disposed of appropriately and the practice is clearly identifiable from the stock balance record and in the care notes. There is a weekly stock reconciliation check in place.

Patients may be supplied with a small quantity of medicines after their treatment. We were advised that these are labelled and a patient information leaflet supplied.

Areas of good practice

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

Areas for improvement

The RA equipment should be serviced in keeping with manufacturer's instructions.

All dental practitioners (dentists and dental nurses) involved in providing dental care and treatment under conscious sedation should have the appropriate levels of training in keeping with best practice.

The standard operating procedures for the management of controlled drugs should be reviewed to ensure that they reflect the current practice.

	Regulations	Standards
Areas for improvement	**1**	**2**

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. Some holes in the walls were observed in two of the surgeries where new x-ray equipment had been installed. Mrs Fisher confirmed that the walls in the two identified surgeries will be repaired and repainted.

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 both areas of good practice and areas that require to be improved. An action plan had been generated to address the areas that required improvement. The audits are carried out by Mrs Fisher and the dental nurses and any learning identified as a result of these audits is shared with staff as they arise.

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.

Mrs Fisher confirmed that a record was retained to evidence their Hepatitis B vaccination status of the most recently recruited staff member recruited. This record had been generated by an occupational health (OH) department. Mrs Fisher was aware that all new clinical staff members new to dentistry recruited in the future should be referred to OH in keeping with best practice guidance.

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. However, the illuminated magnification device for the inspection of instruments following disinfection and prior to sterilisation was not positioned in keeping with best practice. It was suggested that the layout of the decontamination room should be reviewed to facilitate more space for the inspection of instruments. Ms Fisher agreed to address this issue.

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, a NSK iCare handpiece cleaner and three steam sterilisers 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

A review of the current arrangements evidenced that 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

No areas for improvement were identified during the inspection.

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

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is a Cone Beam computed tomography machine (CBCT), which is located in a separate room.

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.

Dedicated radiation protection files containing all relevant information were in place. The RPS regularly reviews the information contained within the files to ensure that it is current.

The appointed RPA completes a quality assurance check for the intra-oral machines every three years. A review of the report of the most recent visit dated 21 December 2016 by the RPA demonstrated that any recommendations made have been addressed. A critical examination and acceptance test was undertaken on 16 November 2018 of a new intra-oral x-ray ray unit which was installed in one of the surgeries. However, there was no documentary evidence available that the RPA had reviewed this.

Following the inspection RQIA received confirmation that the RPA was satisfied with the critical examination and acceptance test carried out.

The appointed RPA completes a quality assurance check for the CBCT every year. A review of the report of the most recent visit dated 16 November 2018 by the RPA 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.

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

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 in accordance with legislation and DoH guidance on complaints handling. The policy should be amended to clearly identify the referral routes for complainants who were dissatisfied with local resolution to their complaint in relation to NHS and private dental care and treatment. Following the inspection RQIA received confirmation that this had been actioned.

Patients and/or their representatives were made aware of how to make a complaint by way of information 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. Review of records pertaining to recent complaints evidenced that details of the investigations undertaken had been retained. However, the records did not include the outcome of the complaint or the complainant's level of satisfaction. This was discussed and it was agreed that this information would be sought and retained. Following the inspection RQIA received further information that the template to record complaints had been amended to include an area to record the outcome of the complaint or the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff.

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

Ms Rae confirmed that she undertakes unannounced visits at least on a six monthly basis as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report is produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. Ms Rae confirmed that the reports generated are reviewed by Mr Mark Hamburger, responsible individual for Portman Healthcare Limited.

A review of the most recent report dated 2 April 2019 evidenced that Ms Rae had identified issues and an action plan had been developed to address the issues identified which included timescales and person responsible for completing the action. Ms Rae confirmed that the template for these visits is continuously under review in order to improve the quality of services provided.

Areas of good practice

A review of the most recent report generated to document the findings of regulation 26 visits evidenced that the visit was in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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 Mrs Fisher and staff.

5.9 Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. Twelve of the patients indicated that they felt their care was safe, effective, that they were treated with compassion and that the service was well led and indicated that they were either satisfied or very satisfied with each of these areas of their care. Two of the patients were either unsatisfied or very unsatisfied that the care was safe, effective, that they were treated with compassion and the service was well led. There were no comments provided in these two questionnaires.

Comments included in other submitted questionnaire responses are as follows:

- “Practise is always professional and staff are very good.”
- “Every time I go to this dentist, I am very pleased with their care and advice.”
- “Great dental practice, staff are lovely and always do their best to get you in at suitable times etc.”
- “I have been attending this dentist for 20+ years and would highly recommend them. My teenage children also attend.”

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	**1**	**2**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Mrs Orla Fisher, registered manager and Ms Alison Rae, compliance facilitator for Portman Healthcare Limited 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 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 (2) **Stated:** First time **To be completed by:** 22 September 2019	The registered person shall ensure that the relative analgesia (RA) equipment is serviced in keeping with manufacturer's instructions. A copy of the service certificate should be forwarded to RQIA when completed. Ref: 5.2
	Response by registered person detailing the actions taken: RA machines are booked to be serviced in October 2019 by RA Medical Services. I will forward certificates to RQIA once completed.

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 22 October 2019	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken: This is currently being addressed by Portman Healthcare with 3 dates over the next 3 months for Conscious Sedation Training. The first training session will be 16th November. The training will be completed by the end of 2019.
Area for improvement 2 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 22 October 2019	The registered person shall ensure that the standard operating procedures for the management of controlled drugs are reviewed to ensure that they reflect the current practice. Ref: 5.2
	Response by registered person detailing the actions taken: I can confirm that SOPs for the management of controlled drugs have been reviewed and reflect currect practice.

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