

Announced Care Inspection Report

13 January 2021



Fintra Dental Practice

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

Address: 152 Andersonstown Road, Belfast, BT11 9BY

Tel No: 028 9061 3325

Inspectors: Carmel McKeegan and Emer McCurry

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with eight registered places, providing NHS and private dental care and treatment. This practice was initially registered with RQIA on 8 May 2012 and was sold to Dental Excellence Limited during July 2019.

3.0 Service details

Applicant Organisation/Registered provider: Dental Excellence Limited Applicant Responsible Individual: Ms Nyree Whitley	Registered Manager: Mr Gregory Blaney
Person in charge at the time of inspection: Mr Gregory Blaney	Date manager registered: 18 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Eight

IDH Acquisitions Limited is the parent company of Dental Excellence Limited and is the registered organisation for four dental practices registered with RQIA. Ms Nyree Whitley is the Responsible Individual for all of the dental practices operated by IDH Acquisitions Limited.

4.0 Inspection summary

An announced pre-registration inspection of Fintra Dental Practice took place on 13 January 2021 from 14:00 to 17:15 hours. Phil Cunningham, senior estates inspector, RQIA, and Paul Nixon, pharmacist inspector, RQIA, undertook a desktop review of the premises and medicines management sections of the registration application and have confirmed approval of the registration application from an estates and medicines management perspective.

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 inspection sought to assess an application submitted to the RQIA for the registration of Fintra Dental Practice as an Independent Hospital providing dental treatment.

The application submitted was for the registration of Ms Nyree Whitley as the Responsible Individual and for the registration of eight dental chairs. Mr Gregory Blaney was registered with RQIA as the Registered Manager of Fintra Dental Practice on 18 October 2011. It was confirmed that Mr Blaney will remain as the Registered Manager under the new ownership of Dental Excellence Limited.

We found examples of good practice regarding patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control (IPC), radiology and radiation safety and the environment. Other examples included engagement to enhance the patients' experience and governance arrangements.

No areas for improvement were identified as a result of this inspection.

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is granted.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the practice manager as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the practice. This included the following records:

- application to register the practice;
- application to register the Responsible Individual;
- the proposed statement of purpose;
- the proposed patient guide; and
- a selection of operational policies and procedures.

We undertook a tour of some areas of the premises and met with Mr Blaney, Registered Manager, the practice manager, two dental nurses and a receptionist. The practice manager facilitated the inspection.

A sample of records was examined during the inspection in relation to the following areas:

- staffing;
- recruitment and selection;
- safeguarding;
- management of medical emergencies;
- IPC and decontamination;
- radiology and radiation safety;
- clinical record recording arrangements;
- management and governance arrangements; and
- maintenance arrangements.

The findings of the inspection were provided to the practice manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 November 2019

The most recent inspection of the practice was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	<p>The registered person shall ensure that a nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 is completed.</p> <p>Any areas of improvement identified in the risk assessment should be addressed and records retained.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We confirmed that inhalation sedation known as relative analgesia (RA) had previously been provided in Fintra Dental Practice. The practice manager informed us that RA sedation has been suspended as oxygen cylinders had been returned to the supplier as requested by DoH in response to the COVID19 pandemic. The practice manager also informed us that the clinical staff involved in the provision of RA sedation will complete the recommended training prior to the resumption of RA sedation and that an up to date nitrous oxide risk assessment will be completed at that time.</p>	

Area for improvement 2 Ref: Standard 8.6 Stated: First time	The registered person shall ensure that the all required recordings in relation to peri and post clinical observations are recorded.	Met
	Action taken as confirmed during the inspection: As previously stated RA sedation has been suspended. The practice manager was aware of best practice in this regard and confirmed that when RA sedation is resumed all the required recordings in relation to peri and post clinical observations will be recorded.	

6.3 Inspection findings

6.3.1 Statement of purpose

We reviewed the proposed statement of purpose and found this was prepared in a recognised format and covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The practice manager was aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

6.3.2 Patient guide

We reviewed the proposed patient guide and found this was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The practice manager was aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

6.3.3 Complaints

We confirmed that the practice had complaints policies and procedure in place and that it will be made available to patients. The practice has developed separate complaints policies for private patients and patients whose treatment is commissioned by the Health and Social Care Board (HSCB). Review of the proposed complaints policies and procedures evidenced that they had been developed in accordance with the relevant legislation and DoH guidance on complaints handling; [Health and Social Care Complaints Procedure \(Revised April 2019\)](#).

We discussed the complaints management process with the practice manager and staff who told us that a record will be kept of all complaints to include the details of all communications with complainants; the results of any investigation; and the outcome. We were informed that complaints would be recorded in a central complaints register and audited to identify trends, drive quality improvement and to enhance service provision. Any themes emerging from complaints will be analysed and learning shared with relevant staff.

6.3.4 Policies and procedures

We confirmed that this practice has a range of policies and procedures in place. We noted that the policies and procedures have been localised to the practice; were retained in a manner making them accessible to staff and that arrangements were in place to review them at least every three years.

We reviewed the following policies and procedures:

- safeguarding children and adults at risk of harm and abuse;
- infection prevention and control (IPC);
- management of medical emergencies;
- records management; and
- health and safety.

We confirmed that a staff register was in place which contained the relevant information as outlined in the regulations. The practice manager was aware that the staff register is a live document and should be updated and amended as and when required.

6.3.5 Safeguarding

We reviewed the arrangements in place for safeguarding and found that policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust (HSCT) should a safeguarding issue arise were included.

We spoke with staff who demonstrated a good awareness of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

We reviewed and confirmed that all staff had received training in safeguarding adults and children as outlined in the Minimum Standards for Dental Care and Treatment 2011.

We noted that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

6.3.6 Recruitment and selection

We reviewed the arrangements in respect of the recruitment of staff and examined the recruitment policy and procedure available, which was found to be comprehensive and reflected best practice guidance. The practice manager told us that individual recruitment files were retained for all staff. We confirmed these files included all information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005, as amended.

We discussed the arrangements in relation to enhanced AccessNI disclosure checks. The practice manager was aware that enhanced AccessNI checks must be undertaken and received

prior to any new staff commencing work in the clinic and that all relevant information in relation to these checks must be stored in keeping with the [AccessNI Code of Practice](#) (May 2018).

6.3.7 Records

We reviewed the arrangements in respect of records management. We confirmed that electronic records were maintained and have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Staff who spoke with us demonstrated they were aware of the General Data Protection Regulations and that the practice was compliant with this legislation. We confirmed that Fintra Dental Practice was registered with the Information Commissioner's Office (ICO).

The practice manager demonstrated a good knowledge of effective records management procedures. We confirmed that the practice has a range of policies and procedures in place for the management of records which includes the arrangements for the creation; use; retention; storage; transfer; disposal of and access to records.

The management of records within the establishment was found to be in line with legislation and best practice.

6.3.8 Qualitative treatment and other service provision

We confirmed that patient satisfaction questionnaires will be available for patients throughout the year and information will be collated from the returns on at least an annual basis.

We established that a number of quality assurance systems and processes will be implemented by Dental Excellence Limited. These include audits of patient records; patient access; fire safety; health and safety; IPC and radiology audits.

Annual staff appraisal and a six month appraisal review will be implemented within the new arrangements. We found a training overview record has been established which will be reviewed at appraisal and will help inform the practice's annual training programme.

The practice manager informed us that regular staff meetings will continue and will be conducted in a manner in keeping with current social distancing guidance. We were informed that internal communications are distributed to all staff by Dental Excellence Limited to ensure all staff were provided with the most recent information.

Arrangements have been established to monitor the General Dental Council (GDC) registration status of all clinical staff and professional indemnity of those staff who require individual professional indemnity.

We reviewed insurance documents and confirmed that professional indemnity and public and employer's indemnity insurance was in place.

6.3.9 Infection prevention and control (IPC) and decontamination

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 some areas of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that all areas of the practice reviewed were fully equipped to meet the needs of patients.

We found the environment was maintained to a good standard of cleanliness and that detailed cleaning schedules were in place for all areas which were signed on completion. We noted that colour coded cleaning system was in place, we provided advice on how storage of the colour coded cleaning equipment could be improved.

A copy of the 2013 edition of Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. We were told that the practice will continue to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. We confirmed the practice manager and staff were aware that the IPS audit should be completed every six months. We were told that should the audit identify areas for improvement an action plan would be generated to address the issues identified and that the findings of the IPS audit will be shared with staff at the time and discussed during staff meetings.

We reviewed the arrangements in respect of the 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 observed appropriate equipment, including two washer disinfectors, a DAC Universal and three sterilisers, has been provided to meet the practice requirements. 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 noted a washing machine was in place in the decontamination room. The practice manager informed us that the washing machine had been provided by the previous owner for the laundering of reusable gowns. We were informed that since the change of ownership reusable gowns were no longer provided and disposable gowns were in place. The practice manager provided assurance that the washing machine will be removed at the earliest opportunity.

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.

We spoke with staff who told us 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 arrangements were in place for the management of waste, and dental unit water lines were managed in keeping with good practice.

There was a nominated lead with responsibility for IPC and decontamination.

Staff told us that safer sharps are available for use and that it is the responsibility of the user of sharps to safely dispose of them. Individual sharps risk assessments were in place.

The practice manager confirmed that records to evidence the Hepatitis B vaccination status of all clinical staff are retained and that in the future any recruited clinical staff members new to dentistry would be referred to occupational health.

6.3.10 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic and the application of the HSCB operational guidance with the practice manager and staff. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

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 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.

6.3.11 Environment

As previously stated we found that all areas of the practice reviewed were fully equipped to meet the needs of patients. We noted some areas were in need of repainting. The practice manager informed us that an internal facilities audit had been completed by the Dental Excellence Limited compliance team which had identified areas in need of refurbishment and upgrading. The practice manager told us that a timed action plan and budget has been established to address the areas identified.

Arrangements are in place for maintaining the environment. Ms Whitley confirmed, on the submitted self-assessment, that the relevant risk assessments were in place.

As discussed in Section 4.0 of this report Phil Cunningham, senior estates inspector, RQIA undertook a desktop review of the premises section of the registration application and approved this from an estates perspective.

6.3.12 Emergency arrangements/management of medicines

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 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 all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted a robust 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 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 medical emergency refresher training during December 2020. 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.

As discussed in section 4.0 of this report Paul Nixon, pharmacy inspector, RQIA undertook a desktop review of the medicines management section of the registration application and approved the registration application from a pharmacy perspective.

6.3.13 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.

The practice manager told us that inhalation sedation known as relative analgesia (RA) had previously been provided in the practice however RA sedation has been suspended for the foreseeable future.

6.3.14 Radiology

The practice has eight surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was maintained. We reviewed this file and confirmed that staff have been entitled by the radiation protection supervisors (RPSs) for their relevant duties and have received local training in relation to these duties. We confirmed that all measures

will be taken to optimise dose exposure, to include the use of rectangular collimation, x-ray audits and direct digital x-ray processing.

We observed that a copy of the local rules was on display near x-ray machine and that appropriate staff had signed to confirm that they had read and understood these. We spoke with staff who demonstrated sound knowledge of the local rules and associated practice.

The appointed radiation protection advisor (RPA) had undertaken a critical examination of all x-ray equipment on 5 January 2021. We reviewed the RPA report and confirmed that any recommendations made had been addressed. We confirmed that arrangements were established for three yearly quality assurance checks to be completed thereafter.

We evidenced that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

We confirmed that quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Areas of good practice

We found examples of good practice regarding patient safety in respect of staff training and development; COVID-19; recruitment; safeguarding; the management of medical emergencies; infection prevention and control; radiology and radiation safety and the environment. Other examples included engagement to enhance the patients' experience and governance arrangements.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Equality data

Equality data

We discussed 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. Staff demonstrated that equality data collected will be managed in line with best practice.

6.5 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

An application was submitted to RQIA by Ms Nyree Whitley, on behalf of Dental Excellence Limited to become the Responsible Individual for Fintra Dental Practice. The relevant information, supporting documentation and appropriate fee accompanied the application. Ms Whitley attended a meeting with Lynn Long, senior inspector, RQIA and Norma Munn, inspector, RQIA on 17 January 2018. Discussions with Ms Whitley evidenced that she had a clear understanding of her role and responsibilities as a Registered Person under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide;
- the management of complaints;
- notification of untoward incidents to RQIA and other relevant bodies;
- notification of registered persons/manager absences, change of ownership to RQIA;
- quality assurance measures to monitor and improve practice as appropriate;
- safeguarding children and adults at risk of harm;
- responsibilities under health and safety legislation;
- responsibilities under the Independent Health Care Regulations (Northern Ireland) 2005;
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- responsibilities under the Department of Health (DoH) The Minimum Standards for Dental Care and Treatment (2011);
- responsibilities under The Ionising Radiations Regulations (Northern Ireland) 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018;
- staff selection and recruitment procedures;
- adherence to professional codes of conduct; and
- any court cases pending/disciplinary cases with employers/professional regulatory bodies.

Registration of Ms Nyree Whitley as Responsible Individual is recommended.

Fintra Dental Practice is required to appoint a Registered Manager. Mr Gregory Blaney was registered with RQIA as the Registered Manager of Fintra Dental Practice on 18 October 2011. Mr Blaney confirmed that he will remain as the Registered Manager under the new ownership of Dental Excellence Limited.

6.6 Conclusion

Registration of this dental practice is granted from a care; estates and pharmacy perspective.

7.1 Actions to be taken by the service

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



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