

Inspection Report

3 April 2023



Greenwood Specialist Dental Clinic

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

Address: 416 Upper Newtownards Road, Belfast, BT4 3EZ

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Assurance, Challenge and Improvement in Health and Social Care

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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Greenwood Specialist Dental Clinic Limited	Registered Manager: Ms Jane Capper
Responsible Individual: Ms Jane Capper	Date registered: 31 October 2022
Person in charge at the time of inspection: Ms Jane Capper	Number of registered places: Three increasing to five following this inspection process
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: Greenwood Specialist Dental Clinic Limited 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 three registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from three to five.	

2.0 Inspection summary

This was a variation to registration inspection undertaken by a care inspector on 3 April 2023 from 10.30 am to 12.00 pm.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and has approved this application from an estates perspective.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from three to five.

Prior to this inspection Ms Capper informed RQIA that conscious sedation would be provided in Greenwood Specialist Dental Clinic. The arrangements to provide conscious sedation were also reviewed during this inspection.

The variation to registration application to increase the number of registered dental chairs from three to five was approved from a care perspective following this inspection.

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.

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

- the variation to registration application
- the proposed statement of purpose
- the proposed patient guide
- the floor plans of Greenwood Specialist Dental Clinic premises

During this inspection the new two dental surgeries and the areas associated with the variation to registration application were reviewed.

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

4.0 The inspection

4.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Greenwood Specialist Dental Clinic was undertaken on 26 April 2022 and no areas for improvement were identified.

4.2 Inspection findings

4.2.1 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

Review of the proposed statement of purpose identified that it fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Capper is aware that the statement of purpose should be reviewed and updated as and when necessary.

4.2.2 Is the patient guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

Review of the proposed patient guide identified that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Capper is aware that the patient guide should be reviewed and updated as and when necessary.

4.2.3 Have any new staff been recruited to work in the additional dental surgery in accordance with relevant legislation?

Ms Capper oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms Capper confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that three new staff had been recruited since the previous inspection. A review of a sample of two personnel files evidenced that all relevant recruitment records had been sought; reviewed and stored as required.

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

The IPC arrangements were reviewed in relation to the two new additional dental surgeries to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

Both new surgeries were tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls and kicker boards of cabinetry and was seen to be finished to a high standard.

Sharps containers were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin provided was in place with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins in keeping with best practice guidance, were provided.

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.

Dental chairs with an independent bottled-water system were in place and discussion with staff demonstrated that the dental unit water lines are managed in keeping with the manufacturer's instructions.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

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

There was a designated decontamination area 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 and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgery.

The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.6 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements concerning radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients; visitors and staff from the ionising radiation produced by taking an x-ray.

A review of records confirmed that a critical examination of the x-ray equipment in place had been undertaken and all recommendations made had been actioned as outlined.

Ms Capper confirmed that all x-ray equipment is serviced and maintained in accordance with manufacturer's instructions, on an ongoing basis. =

Ms Capper is the radiation protection supervisor (RPS) and she oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. A review of records confirmed that Ms Capper had entitled all relevant members of the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff had completed appropriate training.

The equipment inventory had been updated to include all current x-ray equipment in place. A copy of the local rules was on display near the x-ray machine in the identified new surgery and the appropriate staff had signed to confirm that they had read and understood these.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that robust procedures are in place to ensure that appropriate x-rays are taken safely.

4.2.7 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

It was confirmed that Greenwood Specialist Dental Clinic will offer conscious sedation if clinically indicated using intravenous (IV) sedation to patients over the age of 12 years.

On 29 September 2022 correspondence was issued to all dental practitioners in Northern Ireland from the Department of Health to advise that Northern Ireland have endorsed the third edition of [Scottish Dental Clinical Effectiveness Programme \(SDCEP\) Conscious Sedation in Dentistry: Dental Clinical Guidance \(Third Edition\)](#). In the correspondence, dental practitioners were advised to familiarise themselves with the new guidance which came into effect from 01 November 2022.

A conscious sedation policy was in place. A review of this policy concluded that this clearly outlined the provision of conscious sedation and the governance and oversight arrangements within the establishment. It was noted that the policy had been reviewed and updated in keeping with the SDCEP guidance.

It was confirmed that the clinical records of patients who had treatment using conscious sedation include all of the required information regarding the sedation technique provided and the care of the patient during treatment. It was also verified that written information was provided to patients in respect of the treatment provided and aftercare arrangements.

The dental team involved in the provision of conscious sedation must receive appropriate supervised theoretical, practical and clinical training. The SDCEP guidance outlines the required training requirements to be completed by all dental sedation team members. A review of training records confirmed that a system was in place to maintain a record of conscious sedation related training completed by each member of dental sedation team. Ms Capper will monitor this training record to ensure that all dental sedation team members are compliant with the SDCEP guidance.

The medicines used during IV sedation were securely stored and readily available. Robust systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines. It was identified that a standard operating procedures (SOP) for controlled drugs was in place. A copy of the SOP for controlled drugs was submitted to RQIA and reviewed by a pharmacist inspector who was satisfied that the SOP is keeping with best practice guidance and meets the needs of the establishment.

The clinical environment for the provision of conscious sedation was reviewed and was found to be well maintained. It was confirmed that all equipment and drugs recommended for treating medical emergencies and sedation related complications were immediately available for use.

A separate area for patient recovery was available. Ms Capper was aware where a patient is transferred to the recovery area that they must be continuously monitored by an appropriately trained member of the clinical team until the patient is assessed as fit for discharge.

Ms Capper told us that the patient and escort are provided with written and verbal post-operative instructions that include details of escort responsibilities, post-operative risks and possible complications, analgesia and aftercare advice and contact details for emergency advice. Samples of post-operative guidance information sheets were available for review.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

5.0 Quality Improvement Plan/Areas for Improvement

	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 Ms Capper, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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