Inspection Report

20 February 2024

Cliftonville Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 46 Cliftonville Road, Belfast, BT14 6JY
Telephone number: 028 9035 1372

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: Cliftonville Healthcare Limited **Responsible Individual:** Mr Jeremy Turk	**Registered Manager:** Mr Jeremy Turk **Date registered:** 07 December 2011
Person in charge at the time of inspection: Mr Jeremy Turk	**Number of registered places:** Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Cliftonville Dental Practice 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 offers conscious sedation, if clinically indicated. Cliftonville Healthcare Limited is the registered provider for one dental practice registered with RQIA. Mr Jeremy Turk is the responsible individual for Cliftonville Healthcare Limited.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 20 February 2024 from 10.00 am to 2.30 pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

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?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No patient questionnaires were received prior to the inspection.

Six staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were satisfied or very satisfied with each of these areas 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 Cliftonville Dental Practice was a care inspection undertaken on 10 February 2022; one area for improvement was identified.

Quality Improvement Plan		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		
Validation of compliance		
Area for improvement 1 **Ref:** Regulation 19 (2) (d) Schedule 2 as amended **Stated:** First time	The registered person must ensure that staff personnel files for any staff who commence work in the future, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 5.2.1	**Carried forward to the next inspection.**
	Action taken as confirmed during the inspection: As no new staff have been recruited since the previous inspection, this area for improvement has been carried forward to the next care inspection. Further detail is provided in section 5.2.1.	

5.2 Inspection findings

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mr Turk oversees the recruitment and selection of the dental team; he approves all staff appointments. Discussion with Mr Turk confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. An area for improvement was made during the previous inspection that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection. As no new staff have been recruited since the previous inspection, it is undetermined if area for improvement 1 made against the regulations as outlined in section 5.1 has been met. This area for improvement has been carried forward for review at the next inspection.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

Addressing the area for improvement will ensure that the recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the training guidance provided by RQIA.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual to ensure that the dental team is suitably skilled and qualified.

A review of the records confirmed that, in the main, staff had undertaken training in keeping with RQIA training guidance and legislation. It was identified that radiation safety training records were not in place for one staff member. It was also identified that adult and child safeguarding training records were not in place for another staff member and that adult safeguarding training records were not in place for a further staff member. This was discussed with Mr Turk, and following the inspection, RQIA received evidence that these matters had been addressed.

As a result of the action taken, following the inspection, it is determined that the care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 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. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

A review of the medical emergency equipment identified that an oxygen mask with reservoir for use on a child and a pocket mask, were not in place. It was also identified that the needles used for the administration of adrenaline were not in keeping with guidance and the oropharyngeal airways in size one, two and four had exceeded their expiry date. This was discussed with Mr Turk who provided evidence that replacement oropharyngeal airways had been ordered prior to the inspection. Mr Turk also gave assurances that all other matters in relation to the medical emergency equipment, would be addressed. Following the inspection, RQIA received confirmation that these matters had been addressed.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Mr Turk advised that managing medical emergencies is not included in the induction programme but is provided annually as part of the refresher training for the practice. Mr Turk gave assurances that newly appointed staff, would not be expected to manage a medical emergency until they had completed formal training in this regard.

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.

As a result of the action taken following the inspection and assurances provided by Mr Turk, it is determined 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.

5.2.4 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.

Mr Turk confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. IV sedation is only offered to patients over the age of 18 and IH sedation is offered to adults and children.

There was a conscious sedation policy and procedure in place that was comprehensive and reflected the legislation and best practice guidance. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).

A review of records and discussion with the Mr Turk identified that that pre-assessment for patients requiring sedation, undertaken by the dentist providing the sedation, was in need of further development. This was discussed with Mr Turk and guidance provided in this regard. Following the inspection, RQIA received evidence that this matter had been addressed.

Mr Turk confirmed that valid written consent is sought for provision of dental treatment with sedation in accordance with the above best practice guidance. A review of the consent forms used by the practice, identified that they were in need of further development.
This was discussed with Mr Turk and guidance provided in this regard. Following the inspection, RQIA received confirmation that this matter had been addressed.

A review of a sample of clinical records of patients who had dental treatment using sedation identified that they were in need of further development to fully reflect SDCEP guidance. This was discussed with Mr Turk and following the inspection RQIA received confirmation that the clinical records had been updated.

Information was available for patients in respect IV sedation however a review of this information identified that it was in need of further development. This was discussed with Mr Turk and following the inspection, RQIA received evidence that this matter had been addressed. Mr Turk confirmed that a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that all relevant members of the dental team were in the process of completing 12 hours of sedation related verifiable continuing professional development (CPD) training in keeping with each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as specified by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training undertaken on 19 April 2023 demonstrated that all the main elements of ILS training as outlined in Appendix 2 of Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP) were included.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times and systems were in place for the ordering of these medications. Mr Turk was given advice to develop these systems to include the administration, reconciliation (stock check) and disposal of these medicines. Mr Turk was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed. It was identified that a standard operating procedures (SOP) for CDs was in place. Following the inspection, RQIA received evidence that the SOP for CDs had been signed by all relevant clinical staff.

As a result of the actions taken following the inspection, it is determined that 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.

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

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr Turk confirmed that he was the nominated lead who had responsibility for IPC and decontamination in the practice. Mr Turk had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. However, it was identified that one of the coved corners of the flooring in surgery 2 was in need of some minor repairs to ensure effective cleaning.

This brought to the attention of Mr Turk and following the inspection, RQIA received evidence that this matter had been addressed. A review of the cleaning schedules identified that they had not been fully completed. This was discussed with Mr Turk who gave assurances that the practice was cleaned as outlined in the cleaning schedules. Advice was given to ensure that the cleaning schedules are fully completed. Following the inspection, RQIA received evidence that this matter had been addressed. All areas of the practice observed were equipped to meet the needs of patients.

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.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members 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 these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team 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 and had received regular updates.

As a result of the actions taken following the inspection, it is determined that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 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 range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

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 evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken with the exception of the weekly safety checks for the washer disinfector. This was discussed with Mr Turk who advised that he would check the manufacturer's guidance in this regard. It was also identified that a protein residue test had not been undertaken for the Sirona DAC Universal. This was discussed with the dental nurse who was describing the decontamination process at the practice, and advice was given to ensure that the protein residue test is completed for this equipment. The dental nurse was receptive to this advice and assurances were given that the protein test would be undertaken going forward.

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. They demonstrated 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.

As a result of the assurances received during the inspection, it is determined that the decontamination arrangements demonstrate that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were in keeping with the Health and Social Care Public Health Agency guidance Infection Prevention and Control Measures for Respiratory illnesses March 2023 and the Infection Prevention and Control Manual for Northern Ireland.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

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

The arrangements regarding 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.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). Mr Turk confirmed that the practice had registered with the HSENI.

The practice has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is an orthopan tomogram (OPG) machine, which is located in a separate room. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. Mr Turk confirmed that no new x-ray equipment had been installed since the previous inspection. The most recent report generated by the RPA on 20 June 2022 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. It was identified that the six-monthly x-ray quality audits had not been completed. This was discussed with Mr Turk and following the inspection, RQIA received evidence that this matter had been addressed.

As a result of the action taken following the inspection, it is determined that radiology and radiation safety arrangements and procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Mr Turk confirmed that a complaints audit would be undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mr Turk confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Turk confirmed that incidents are effectively documented and investigated in line with legislation. Discussion with Mr Turk identified that a incident, notifiable to RQIA, had not been reported in accordance RQIA Statutory Notification of Incidents and Deaths. Mr Turk was advised to submit this notification retrospectively. Following the inspection, RQIA received the outstanding notification by way of the web portal. Mr Turk confirmed that arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Turk was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.3 Does the dental team have suitable arrangements in place to record 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 Mr Turk.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Turk, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

One area for improvement from the previous inspection has been carried forward. This will be reviewed at the next care inspection to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (2) (d) Schedule 2 as amended **Stated:** First time	The registered person must ensure that staff personnel files for any staff who commence work in the future, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ref: 5.2.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection**.**

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews