

Inspection Report

24 February 2022



Crescent Dental Health

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 10 Lower Crescent, Belfast, BT7 1NR
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www.rqia.org.uk

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

1.0 Service information

Organisation/Registered Person: Mr James Hurson	Registered Manager: Mr James Hurson Date registered: 3 December 2012
Person in charge at the time of inspection: Mr James Hurson	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	
Brief description of how the service operates: Crescent Dental Health 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation. The practice is also registered to provide laser services.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 February 2022 from 10.30 am to 12.45 pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection. The laser service was not included in the focus of this inspection and will be reviewed during a follow up inspection.

During the inspection there was evidence of good practice in relation to some of the areas reviewed. However, some areas required to be strengthened and evidence was submitted following the inspection to confirm that these areas had been addressed.

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 practice?

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

One patient submitted a response. The patient response indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient included a comment pertaining to the professional and caring service offered by the practice.

No completed staff responses were submitted prior to the inspection.

5.0 The inspection

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

The last inspection to Crescent Dental Health was undertaken on 12 March 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

A review of the staffing information and discussion with Mr Hurson confirmed that one staff member had been recruited within the previous three years. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. This was discussed with Mr Hurson who advised that he had retained some recruitment records off site.

Mr Hurson was advised that all records pertaining to the operation of the practice must be available for inspection. Mr Hurson provided assurance that the recruitment records for the identified staff member would be added to the personnel file.

Dental practices are required to maintain a staff register in accordance with Schedule III Part (6) of The Independent Health Care Regulations (Northern Ireland) 2005. The staff register is a live document which should be kept updated and available for inspection. Mr Hurson confirmed that the staff register would be updated to reflect the required information.

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.

There was a recruitment policy and procedure available. The policy reflected best practice guidance.

5.2.2 Are 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 outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities had been completed when new staff joined the practice.

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

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 are 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.

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

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

It was observed that adrenaline auto-injectors (AAI's) were retained within the emergency drug kit in preference to adrenaline ampoules as recommended by the Health and Social Care Board (HSCB). This was discussed with Mr Hurson who confirmed that adrenaline ampoules will be purchased and included within the emergency drug kit.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during December 2021.

The dental team are trained to manage a medical emergency in compliance with legislative requirements, 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 Hurson confirmed that conscious sedation is not offered in Crescent Dental Health.

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 were comprehensive and reflected legislative and best practice guidance in all areas. Mr Hurson told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead had undertaken IPC and decontamination training in line with their CPD 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.

The arrangements for personal protective equipment (PPE) were reviewed and this is further discussed in section 5.2.7.

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 this audit 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.

The audits were held electronically, and a member of the dental team advised that the most recent audit had been completed in January 2022.

The audits were unavailable to review on the day of inspection, however assurance was provided that the audits are undertaken on a regular basis and, where applicable, an action plan would be generated to address any improvements required. Mr Hurson confirmed that the audits will be completed on a six monthly basis.

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 retained in the staff members' personnel files.

Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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.

There were 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. 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.

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

Decontamination arrangements demonstrated 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?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

The management of operations in response to the pandemic was discussed with Mr Hurson. These discussions included the application of the HSCB operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. Mr Hurson is the identified COVID-19 lead and it is his responsibility to ensure arrangements are in place to regularly review COVID-19 advisory information, guidance and alerts.

There were COVID-19 procedures in place and a review of records evidenced that some appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed. The current HSCB operational guidance stipulates that practices must complete a risk assessment specific to each surgery prior to implementing a reduced fallow time. Mr Hurson confirmed that a risk assessment had been undertaken for each surgery. A review of the documentation evidenced that mitigating measures in place to reduce fallow times were not sufficiently satisfactory to conform with the HSCB operational guidance. Following the inspection evidence was submitted by way of email to confirm that the mitigations in place had been strengthened and fully comply with the operational guidance.

The Department of Health (DoH) issued the Seasonal Respiratory Infections and COVID-19: General Dental Services - Operational Guidance in December 2021. The application of this guidance stipulates that a higher level of PPE which includes the use of an FFP3 mask is required when undertaking dental treatment on the respiratory pathway. 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 established that staff within the practice were using FFP2 masks. This was discussed with Mr Hurson and he told us that he had been unable to secure appointments for staff to be fit tested for FFP3 masks. Following the inspection FFP3 fit test certificates were submitted to RQIA by email.

5.2.8 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.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). The registration certificate was not available to review on the day of inspection. This was discussed with Mr Hurson who confirmed that the certificate would be added to the radiology file.

The equipment inventory evidenced that the practice has two surgeries, each of which has an intra-oral x-ray machine. In addition, there is a cone beam computed tomography (CBCT) located within surgery one. The CBCT is currently not in use and the documentation was not reviewed during this inspection.

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.

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. The RPS (Mr Hurson) oversees radiation safety within the practice however it was noted that the radiation protection file had not been reviewed and updated to ensure that it is accurate and up to date. A review of the file confirmed that the Employer had not appropriately entitled the dental team to undertake specific roles and responsibilities associated with radiology. This was discussed with Mr Hurson who readily agreed to review and update the documentation.

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. The most recent report generated by the RPA dated July 2019 evidenced that the x-ray equipment had been examined, however Mr Hurson had overlooked the signing of the recommendations. This was discussed with Mr Hurson who readily agreed to review and complete the documentation. Mr Hurson confirmed that no new x-ray equipment has been installed since the most recent RPA report.

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, x-ray audits and digital x-ray processing.

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

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints 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.

Mr Hurson and a review of the records confirmed that no complaints had been received since the previous inspection.

Mr Hurson was knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation best practice guidance.

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 Hurson.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 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 Mr Hurson, Registered Person, as part of the inspection process and following the inspection, details can be found in the main body of the report.



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