

Announced Care Inspection Report 3 September 2020



Grosvenor Road Dental Practice

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

Address: 279 Grosvenor Road, Belfast, BT12 4LL

Tel No: 028 9043 8395

Inspector: Winifred Maguire

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 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 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable.)

2.0 Profile of service

This is a registered dental practice with three 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: 3

4.0 Action/enforcement taken following the most recent inspection dated 21 August 2019

The most recent inspection was an announced care and medicines management inspection. The completed QIP was returned and approved by the inspector.

4.1 Review of areas for improvement from the last care inspection dated 21 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15(2) Stated: First time	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.	Met
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.6	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with	Met

Stated: First time	best practice. A record of training should be retained and available for inspection.	
	Action taken as confirmed during the inspection: We confirmed that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. Training records were available for all but one member of staff. The certificate of attendance for this member of staff had been sought from the provider of the training, who confirmed attendance via an email, whilst awaiting the issuing of the formal certificate of attendance	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that the policy and procedure in relation to the management of conscious sedation is reviewed to include dealing with emergencies that may occur during the procedure.	Met
	Action taken as confirmed during the inspection: The policy and procedure in relation to the management of conscious sedation had been reviewed to include dealing with emergencies that may occur during the procedure.	
Area for improvement 3 Ref: Standard 8.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We confirmed that the standard operating procedures for the management of controlled drugs had been reviewed to reflect the current practice.	
Area for improvement 4 Ref: Standard 8.4 Stated: First time	The registered person shall ensure that all equipment used in the decontamination process is appropriately validated in keeping with best practice.	Met
	Action taken as confirmed during the inspection: All equipment used in the decontamination process had been appropriately validated in keeping with best practice in June 2020.	

	Validation records were available for the inspection.	
Area for improvement 5 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that a suitable radiation protection supervisor (RPS) is appointed who works in Grosvenor Road Dental Practice to ensure radiation and radiology safety in accordance with legislation.	Met
	Action taken as confirmed during the inspection: A radiation protection supervisor (RPS) has been appointed who works in Grosvenor Road Dental Practice (dentist) and ensures radiation and radiology safety in accordance with legislation. The practice has also appointed a deputy RPS.	

5.0 Inspection summary

We undertook an announced inspection on 3 September 2020 from 09:35 to 12:30 hours.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of some areas of the premises, met with Ms Orla Fisher, Registered Manager, Ms Alison Rae, Compliance Facilitator for Portman Healthcare Ltd, Mr Glen Curry, Head of Regulatory for Portman Healthcare Ltd and a dental nurse; reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; and governance arrangements. The practice was found to be largely adhering to best practice guidance for Northern Ireland in relation to COVID-19. Portman Healthcare Ltd had in August 2020 introduced a Fallow Time Reduction Protocol across their practices in the UK. Whilst being a very comprehensive protocol, on examination and discussion it was noted that it did not fully reflect the current guidance on this matter in Northern Ireland.

Mr Glen Curry on behalf of Portman Healthcare Ltd emailed RQIA following the inspection confirming all of Portman Healthcare Ltd practices within Northern Ireland are to immediately adjust procedures to be in line Health and Social Care Board (HSCB guidance Preparation for re-establishment of the General Dental Services – Operational Guidance updated 22 Jun 2020. However an updated HSCB guidance Preparation for re-establishment of the General Dental Services – Operational Guidance 9 September 2020 was issued following the inspection and Portman Healthcare Ltd confirmed to RQIA that their dental practices in Northern Ireland would adhere to this guidance.

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

The findings of the inspection were provided to Ms Fisher, Ms Rae and Mr Glen Curry at the conclusion of the inspection.

5.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Fisher, Ms Rae and Mr Curry 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.

6.0 Inspection findings

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

We discussed the management of operations in response to the COVID-19 pandemic with Ms Fisher, Ms Rae and Mr Curry and a dental nurse, and the application of the HSCB operational guidance.

As stated previously we found that COVID-19 policies and procedures in place were largely in keeping with best practice guidance. Portman Healthcare Ltd had in August 2020 introduced a Fallow Time Reduction Protocol across its' practices in the UK. Whilst being a very comprehensive protocol, on examination and discussion it was noted that it did not fully reflect the current guidance on this matter in Northern Ireland.

We sought clarification on the matter from Ms Jo Browne, Senior Inspector RQIA, who shared the protocol with the Department of Health (DoH) and HSCB representatives who confirmed the protocol was not fully in accordance with current guidance in Northern Ireland. However this guidance was under review and was to be updated in the near future.

We shared the position of RQIA, HSCB and DoH on adherence to the HSCB guidance 22 June 2020 in relation to fallow times for dental surgeries with Ms Fisher, Ms Rae and Mr Curry during the inspection.

The Portman Healthcare Ltd team verbally outlined confirmation to adhere to the HSCB guidance 22 June 2020 on this matter and Mr Glen Curry on behalf of Portman Healthcare Ltd emailed RQIA confirming all of Portman Healthcare Ltd practices within Northern Ireland are to immediately adjust procedures to be in line HSCB guidance Preparation for re-establishment of the General Dental Services – Operational Guidance updated 22 June 2020. However an updated HSCB guidance Preparation for re-establishment of the General Dental Services – Operational Guidance, 9 September 2020 was issued following the inspection and Portman Healthcare Ltd confirmed to RQIA that their dental practices in Northern Ireland would adhere to this guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

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.

Areas for improvement: Management of operations in response to COVID-19 pandemic

As Portman Healthcare Ltd confirmed immediate action in relation to adherence to the HSCB guidance 22 June 2020 and subsequently the HSCB guidance 09 September 2020, we identified no further areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.2 Management of medical emergencies

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 we 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 October 2019. 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 should this occur.

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.

Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

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 were fully equipped to meet the needs of patients.

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 face 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 the mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We confirmed 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.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis.

Staff told us that the outcome of the audit was discussed during regular staff meetings. Ms Fisher informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

We were informed that a number of new clinical staff had been recruited during 2020. We reviewed the personnel records of these members of staff and confirmed that records were retained to evidence their Hepatitis B vaccination status. We noted these records had either been generated by the staff member's GP or by an occupational health department. Ms Fisher confirmed to us that she was aware that all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

We reviewed the current arrangements with respect to infection prevention and control practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding infection prevention and control.

	Regulations	Standards
Areas for improvement	0	0

6.4 Decontamination of reusable dental instruments

We observed that 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 confirmed that the decontamination of reusable dental instruments was being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

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.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed on 25 August 2020 and found 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, as applicable.

We found that appropriate equipment, including a washer disinfectant, a NSK iCare handpiece cleaner and two steam sterilisers had been provided.

We confirmed that there was sufficient working decontamination equipment in the place to meet the requirements of the practice. 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 found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use. A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

Areas for improvement: Decontamination of reusable dental instruments

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

6.5 Visits by the Registered Provider (Regulation 26)

We established that an unannounced quality monitoring visit on behalf of the Registered Provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. We found that an action plan was developed to address any issues identified during the visit which included timescales and person responsible for completing the action

Areas of good practice: Visits by the Registered Provider (Regulation 26)

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.

Areas for improvement: Visits by the Registered Provider (Regulation 26)

We identified no areas for improvement regarding visits by the Registered Provider in line with the legislation.

	Regulations	Standards
Areas for improvement	0	0

6.6 Equality data

We discussed the arrangements in place regarding 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. Ms Fisher told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and 14 patients submitted responses to RQIA. We found all patients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Feel well taken care of and safe with all the things the girls do and what they are wearing.”
- “All the team are very professional and I felt very safe during my visit here.”
- “Staff are very friendly and helpful.”

RQIA also invited staff to complete an electronic questionnaire prior to inspection. No completed staff questionnaires were received.

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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