

Announced Care and Medicines Management Inspection Report 21st August 2019



Grosvenor Road Dental Practice

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

Address: 279 Grosvenor Road, Belfast, BT12 4LL

Tel No: 028 9043 8395

Inspectors: Norma Munn and Frances Gault

www.rgia.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 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if 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: Three

4.0 Action/enforcement taken following the most recent inspection dated 13 July 2018

The most recent inspection of Grosvenor Road Dental Practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 13 July 2018

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 8.3 Stated: First time	The registered person shall ensure that the orthopan tomogram machine (OPG) is serviced and maintained in keeping with manufacturer's instructions. A copy should be forwarded to RQIA on completion.	Met
	Action taken as confirmed during the inspection: Following the previous inspection RQIA received evidence by email that the OPG had	

	<p>been serviced on 26 July 2018.</p> <p>Documentation was reviewed during this inspection to confirm that the OPG had been serviced again on 11 July 2019.</p> <p>Mrs Fisher gave assurances that the OPG and all other x-ray machines would be serviced and maintained in keeping with manufacturer's instructions.</p>	
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5.0 Inspection findings

An announced care inspection took place on 21 August 2019 from 10.00 to 14.00. Following information received from the Health and Social Care Board (HSCB), Frances Gault, senior pharmacist inspector, and a dental advisor from the HSCB reviewed the practices in place for the use of conscious sedation.

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).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspectors met with Mrs Orla Fisher, registered manager, Ms Alison Rae, compliance facilitator for Portman Healthcare Limited, a dentist, a dental nurse and decontamination assistant. A tour of some areas of the premises was also undertaken.

One area for improvement against the regulations has been identified in relation to the servicing of the relative analgesia (RA) machines. Five areas for improvement against the standards have been identified. These relate to conscious sedation training, reviewing the conscious sedation policy, reviewing the standard operating procedures for the management of controlled drugs, the validation of decontamination equipment and the appointment of a new radiation protection supervisor (RPS).

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

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A small supply of Buccolam medication was stored in a locked cupboard. It is advised that all

emergency medicines should be readily available and the practice of storing these in a locked cupboard should cease. Following the inspection RQIA received confirmation that this has been addressed.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, the Buccolam medication stored in the locked cupboard had not been included in the emergency medicines expiry date check list. Mrs Fisher agreed to address this issue and ensure that all emergency medicines expiry dates are checked on a regular basis.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during October 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

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

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 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.

Mrs Fisher confirmed that conscious sedation is provided in Grosvenor Road Dental Practice. The practice offers intravenous sedation (IV) and inhalation sedation, known as relative analgesia (RA). Previously oral sedation was provided for children however, this practice had recently been withdrawn on the advice from the Belfast Health and Social Care Trust (BHSC) School of Dentistry.

A policy and procedure in relation to the management of conscious sedation was in place. This should be reviewed to include dealing with emergencies that may occur during the procedure. An area for improvement against the standards has been made.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

Review of two care records evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

A review of records and discussion with Mrs Fisher confirmed that the RA equipment had not been serviced in keeping with manufacturer's instructions. A review of records evidenced that the most recent service had been undertaken during June 2018. Mrs Fisher did confirm that a date had been arranged for the servicing to take place during October 2019. An area for improvement against the regulations has been made.

Mrs Fisher confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. The risk assessment was not available to review on the day of the inspection however; following the inspection RQIA received a copy of the risk assessment by email.

Training records reviewed evidenced that members of the dental team providing treatment under conscious sedation had received appropriate supervised theoretical, practical and clinical training before undertaking independent practice. However not all members of the dental team providing treatment under conscious sedation had completed refresher training in accordance with best practice. It was confirmed that conscious sedation training has been arranged to take place later in the year. An area for improvement against the standards has been made.

Management of controlled drugs

Standard operating procedures (SOP) are in place for the management of controlled drugs. These should be reviewed to ensure that they reflect the current practice, including the return of unused or out of date controlled drugs to the community pharmacist for disposal and the disposal of partly used vials. An area for improvement against the standards has been made.

Currently one of the dentists in another practice in the Portman Healthcare group orders the controlled drugs for use in this practice. The registered manager was advised that this was not acceptable and an assurance was given that the practice would cease with immediate effect.

Controlled drugs are stored, when required, in a controlled drug cabinet.

Stock balance records were in place for the use of schedule 3 controlled drugs. These identify the dentist and dental nurse involved in each administration. There is a weekly stock reconciliation check in place.

Areas of good practice

A review of arrangements in respect of conscious sedation evidenced that in general dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

The RA equipment should be serviced in keeping with manufacturer's instructions.

All dental practitioners (dentists and dental nurses) involved in providing dental care and treatment under conscious sedation should have the appropriate levels of training in keeping with best practice.

The policy and procedure in relation to the management of conscious sedation should be reviewed to include dealing with emergencies that may occur during the procedure.

The standard operating procedures for the management of controlled drugs should be reviewed to ensure that they reflect the current practice.

	Regulations	Standards
Areas for improvement	1	3

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of some areas of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

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.

A review of the most recent IPS audit, completed during August 2019, evidenced 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. An action plan had been generated to address the areas that required improvement. The audits are carried out by Mrs Fisher and the dental nurses and any learning identified as a result of these audits is shared with staff as they arise.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Mrs Fisher confirmed that the most recently recruited staff member commenced work during June 2019. Review of the personnel record in relation to this staff member demonstrated that a record was retained to evidence their Hepatitis B vaccination status. This record had been generated by an occupational health (OH) department. Mrs Fisher was aware that all new clinical staff members new to dentistry recruited in the future should be referred to OH in keeping with best practice guidance.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. However, the illuminated magnification device for the inspection of instruments following disinfection and prior to sterilisation was not positioned in keeping with best practice. This issue had been discussed during the previous inspection. It was suggested that the layout of the decontamination room should be reviewed to facilitate more space for the inspection of instruments. Ms Fisher agreed to address this issue and following the inspection RQIA received photographic evidence that the position of equipment had been reviewed and was in keeping with best practice.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced 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 equipment, including a washer disinfectant, a NSK iCare handpiece cleaner and three steam sterilisers have been provided to meet the practice requirements. Following the inspection Mrs Fisher confirmed that one of the sterilisers which is rarely used has been removed from the decontamination room in order to facilitate more work surface space.

The equipment used in the decontamination process had been appropriately validated with the exception of the NSK iCare handpiece cleaner. This was discussed and an area for improvement against the standards has been made.

The equipment had been inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is in general being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

All equipment used in the decontamination process should be appropriately validated in keeping with best practice.

	Regulations	Standards
Areas for improvement	0	1

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an OPG, which is located in a separate room. Mrs Fisher has agreed to declutter the OPG room to ensure that effective cleaning can take place.

There was no evidence that the appointed RPS regularly visits the practice or reviews the information contained within the radiation protection file to ensure that it is current. This issue was discussed during the previous inspection and at that time it was confirmed that the RPS, who works in another dental practice owned by the Portman Healthcare group regularly visits Grosvenor Road Dental Practice to review radiation safety. Advice was given during the previous inspection to review the arrangements in relation to the role and responsibility of the RPS.

Portman Healthcare Limited should appoint a new RPS who works in the Grosvenor Road Dental Practice to manage radiology and radiation safety within the practice. Mrs Fisher confirmed that this issue had been identified by Portman Healthcare Limited and a new RPS is to be appointed in October 2019 following training provided within the Portman Healthcare group. An area for improvement against the standards has been made in this regard.

A radiation protection advisor (RPA) and a medical physics expert (MPE) have been appointed. The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

A range of audits, including x-ray quality grading and justification and clinical evaluation recording are carried out.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the dentists take a proactive approach to the management of radiology and radiation safety.

Areas for improvement

A suitable RPS should be appointed who works in Grosvenor Road Dental Practice to ensure radiation and radiology safety in accordance with legislation.

	Regulations	Standards
Areas for improvement	0	1

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. It was advised to amend the policy to clearly identify the referral routes for complainants who were dissatisfied with local resolution to their complaint in relation to NHS and private dental care and treatment. Following the inspection RQIA received confirmation that this had been actioned.

Patients and/or their representatives were made aware of how to make a complaint by way of information in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Review of records pertaining to recent complaints evidenced that details of the investigations undertaken had been retained. However, the records did not include the outcome of the complaint or the complainant’s level of satisfaction. This was discussed and it was agreed that this information would be sought and retained. Following the inspection RQIA received further information that the template to record complaints had been amended to include an area to record the outcome of the complaint or the complainant’s level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Ms Rae confirmed that she undertakes unannounced visits at least on a six monthly basis as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. A report is produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. Ms Rae confirmed that the reports generated are reviewed by Mr Mark Hamburger, responsible individual for Portman Healthcare Limited.

A review of the most recent report dated 16 August 2019 evidenced that Ms Rae had identified issues and an action plan had been developed to address the issues identified which included timescales and the person responsible for completing the action. Ms Rae confirmed that the template for these visits is continuously under review in order to improve the quality of services provided.

Areas of good practice

A review of reports generated to document the findings of Regulation 26 visits evidenced that the visits were in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.8 Equality data

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 Mrs Fisher and staff.

5.9 Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- “Great staff who always treat us with kindness and respect.”
- “I am always made to feel so comfortable and confident in my care and all staff are so friendly and helpful.”
- “They always give great service. All staff are very approachable and friendly.”
- “Lovely staff always smiling and helpful.”
- “Treated well throughout my time at this practice. Reception are lovely”

- “Staff are brilliant.”
- “A very well run dentist.”
- “Fantastic surgery.”

Three staff submitted questionnaire responses to RQIA. All of the staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All of the staff indicated that they were very satisfied with each of these areas of patient care.

Comments included in submitted questionnaire responses are as follows:

- “I have been working here for over 4 and a half years and I can say with great confidence that all our patients are treated with respect and dignity and given the very best of care and service at all times in a caring and friendly environment.”
- “I feel that we provide our patients with the best possible care. We are always looking at ways we can help our patients and the community around us. The staff here at Grosvenor give 100 per cent every day and we will continue to do so. We have been going through some big staff changes here at Grosvenor which has at times put extra stress on us but we have all pulled together and gone above and beyond to ensure our patients’ needs are always met. It is one of the reasons our patients continue to come back time and time again.”

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	5

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Orla Fisher, registered manager and Ms Alison Rae, compliance facilitator for Portman Healthcare Limited as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) Stated: First time To be completed by: 21 September 2019	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. Ref: 5.2
	Response by registered person detailing the actions taken:
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 8.6 Stated: First time To be completed by: 21 October 2019	The registered person shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 21 October 2019	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. Ref: 5.2
	Response by registered person detailing the actions taken:

<p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2019</p>	<p>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.</p> <p>Ref: 5.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2019</p>	<p>The registered person shall ensure that all equipment used in the decontamination process is appropriately validated in keeping with best practice.</p> <p>Ref: 5.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2019</p>	<p>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.</p> <p>Ref: 5.5</p>
	<p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>

Please ensure this document is completed in full and returned via Web Portal



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