

Inspection Report

19 August 2022



N Wright Dental Practice Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
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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 Provider: N Wright Dental Practice Ltd	Registered Manager: Mr Nick Wright
Responsible Individual: Mr Nick Wright	Date registered: 16 January 2015
Person in charge at the time of inspection: Mr Nick Wright	Number of registered places: Two increasing to three following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>N Wright Dental Practice Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care.</p> <p>An aesthetics clinic also operates from the same premises however, this inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>The practice has two registered dental surgeries and provides private endodontic dental services and does not offer conscious sedation. A variation to registration application was submitted to RQIA to increase the number of dental chairs from two to three.</p>	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by two care inspectors on 19 August 2022 from 10.00 am to 2.00pm. An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises.

The inspection focused on the themes for the 2022/23 inspection year and assessed progress with any areas for improvement identified during the last care inspection. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from two to three.

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

There was evidence of good practice in relation to staff training; management of medical emergencies; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement against the standards has been made in relation to the decontamination of reusable dental instruments

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.

Before the inspection the variation to registration application was reviewed. During the inspection the newly established dental surgery was inspected.

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 completed staff or patient questionnaires were received prior to the inspection.

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 N Wright Dental Practice Ltd was undertaken on 16 November 2021; no areas for improvement were identified.

5.2 Inspection findings

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

The recruitment and selection policy was reviewed and the practice manager was advised to a further development the policy to include a list of all the recruitment documentation listed in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. Following the inspection RQIA received a copy of the revised recruitment and selection policy by email which was in keeping with legislation and best practice guidance.

Mr Wright oversees the recruitment and selection of the dental team and he approves all staff appointments and is supported by the practice manager. Discussion with the practice manager confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. The staff register reviewed included all required information with the exception of a record of the staff members' dates of birth. Following the inspection RQIA received confirmation by email that the dates of birth had been added to the register.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of a full employment history and a criminal conviction declaration in respect of both staff members. This was discussed and following the inspection RQIA received confirmation by email that a full employment history had been sought and retained for both staff members. The practice manager confirmed that should staff be recruited in the future a full employment history and a criminal conviction declaration would be sought and retained for inspection.

The practice manager confirmed that new staff are issued with a job description and induction checklists were available 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.

Through promptly addressing the issues identified the recruitment of the dental team complies with the legislation and best practice guidance.

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 training (including induction) and professional development activities undertaken by staff, which is overseen by the practice manager and responsible individual to ensure that the dental team is suitably skilled and qualified. Some of the training records reviewed did not include evidence that infection prevention and control and decontamination training had been undertaken. This was discussed and following the inspection RQIA received confirmation by email that this training had been undertaken and evidence had been retained on file. The practice manager was advised to further develop the overarching training record to include infection prevention and control and decontamination. Following the inspection RQIA received confirmation that the training matrix had been further developed accordingly.

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.

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.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

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.

Sufficient emergency medicines and equipment were 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.

The practice manager confirmed that conscious sedation is not offered in N Wright Dental Practice Ltd.

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. The practice manager confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The practice manager confirmed that the lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients. The practice manager was advised to review the storage of cleaning solutions, liquid hand soap and hand gel to ensure that these are correctly labelled and stored in single use containers as opposed to refillable containers in keeping with legislation and best practice guidance. Following the inspection RQIA received confirmation by email that this had been actioned accordingly.

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.

Addressing the IPC issues identified will ensure 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.

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. Discussion with staff and a review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken. The practice manager was advised to ensure that the pressure and temperature checks are recorded in the steriliser log book when the automatic control tests are undertaken in keeping with best practice. Following the inspection RQIA received confirmation by email that this had been actioned.

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.

A review of decontamination procedures 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 with the exception of the dental handpieces, which staff confirmed are manually cleaned prior to sterilisation. Processing of handpieces was discussed and staff were advised to refer to the manufacturer's instruction and the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015, which was issued to all dental practices by the DoH. The practice manager and staff were advised that all compatible handpieces should be processed in the washer disinfectant. The practice manager has agreed to address this issue with immediate effect. An area for improvement against the standards has been made in this regard.

Addressing the area for improvement will ensure 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. The practice manager was advised to review these in keeping with the Health and Social Care (HSC) [Dental IPC guidance for Primary and Community Dental Settings](#) (June 2022) and the [Infection Prevention and Control Manual for Northern Ireland](#). Following the inspection RQIA received confirmation by email that this had been actioned.

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 (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The practice has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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 Mr Wright as the Employer and RPS had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. Mr Wright 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.

Two critical examination and acceptance test reports dated May 2022 were reviewed for two newly installed intra-oral x-ray machines, one of which was installed in an established surgery and the other in the additional new surgery. The most recent report generated by the RPA dated 31 May 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, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that 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.

The practice manager confirmed that no complaints had been received since the previous inspection.

Following the inspection the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The practice manager also confirmed that incidents would be effectively documented and investigated and reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#).

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 Wright, Responsible Individual 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 the practice manager.

5.4 Is the new dental surgery fully equipped to provide private dental care and treatment?

The new surgery was found to be tidy, uncluttered and work surfaces were intact and easy to clean. The flooring was impervious and coved where it met the walls. A dedicated hand wash basin was available and during the inspection hand hygiene signage was displayed in the surgery. Mr Wright was advised to ensure that the overflow of the hand wash basin is blanked off and sealed with antibacterial mastic and the plug is removed in keeping with best practice. Following the inspection RQIA received confirmation by email that this had been actioned.

It was confirmed that the newly installed dental chair dental unit water line (DUWL) will be managed in keeping with the manufacturer's instructions.

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

The new dental surgery was found to be finished to a very high standard and was fully equipped to provide private dental care and treatment.

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

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect any changes detailed in the variation to registration application. The practice manager is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

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

A patient guide was available in a recognised format however this needed to be further developed to include the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection RQIA received a copy of the revised patient guide by email which was in keeping with legislation. The patient guide had been updated to reflect any changes detailed in the variation to registration application. The practice manager is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mr Wright, Responsible Individual, and the practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 19 August 2022	The responsible individual shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector. Ref: 5.2.6 Response by registered person detailing the actions taken: As per our IPC policy in practice we are now again processing the handpieces through the washer disinfector before the autoclave. All staff have been updated on this.

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



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