

Inspection Report

25 January 2022



Portstewart Family Dental – PFD (NI) Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 6A Lever Road, Portstewart BT55 7EF
Telephone number: 028 7083 2798

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](#), the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: PFD (NI) Ltd	Registered Manager: Mrs Michele King
Responsible Individual: Mrs Michele King	Date registered: 15 September 2014
Person in charge at the time of inspection: Mrs Michele King	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
<p>Brief description of how the service operates: Portstewart Family Dental – PFD (NI) Ltd 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.</p> <p>A variation to registration application was submitted to RQIA to provide dental treatments using a Class 4 laser, and requires the addition of the following category: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L).</p> <p>Lasers equipment:</p> <p>Manufacturer: Biolase Model: Epic 10 Diode Laser Serial Number: 7413243 Laser Class: 4 Output Wavelength: 940nm (invisible infra-red)</p> <p>Laser Protection Advisor (LPA): Mr Rob Knowles (Lasersafe)</p> <p>Laser Protection Supervisor (LPS): Mrs Michele King</p> <p>Authorised Operators: Mrs Michele King Ms Tracey Watley</p>	

Type of Treatments Provided:

The Biolase Epic 10 Diode Laser is a soft tissue laser that can be used to effectively aid a wide range of treatments from the treatment of gum disease to root filling, restorations and minor surgery. The laser treatment can also improve healing, provide pain relief and tooth whitening.

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 25 January 2022 from 10.30 am to 12.55pm. Dr John Kyriou, RQIA's Medical Physics Expert, supported the inspection remotely and reviewed the laser machine and the laser safety arrangements. His findings and recommendations are appended to this report.

The inspection 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 and to review the readiness of the practice to provide dental treatments using a Class 4 laser.

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

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

The variation to registration to include prescribed techniques or technologies: establishments using a Class 4 laser was approved from a care perspective following this inspection.

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.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the submitted variation to registration application
- the statement of purpose
- the patient guide
- documentation in relation to laser safety

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.

No completed staff or patient questionnaires 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 Portstewart Family Dental was undertaken on 27 October 2020; 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?

There were robust recruitment and selection policies and procedures that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice.

Mrs King oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mrs King confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information, was kept up to date and evidenced that one new staff member had been recruited since the previous inspection.

A review of the new staff member's personnel file evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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

Discussion with a member 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.

The recruitment of the dental team complies with the legislation and 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 of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mrs King, 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.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. It was identified that the Glucagon medication was not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this. Advice and guidance was provided to Mrs King. On 14 February 2022 RQIA received email correspondence from Mrs King confirming that the Glucagon medication had been replaced on the day of the inspection and was being stored in the fridge with daily fridge temperatures recorded to ensure the medication is stored between 2 and 8 degrees Celsius in accordance with manufacturer's instructions.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that arrangements have been made for staff to complete medical emergency refresher training on 4 February 2022.

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 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.

Mrs King confirmed that conscious sedation is not offered in Portstewart Family Dental.

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. Mrs King 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. All areas of the practice observed were fully equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of 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. 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 retained in the staff members' 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.

IPC arrangements evidenced 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 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, with the exception of a weekly protein test for the DAC Universal. This was discussed with the IPC lead and Mrs King who provided assurance that this test would be undertaken with immediate effect.

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.

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.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and 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 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). A review of records evidenced the practice had registered with the HSE.

The equipment inventory evidenced that the practice has two surgeries, each of which has an intra-oral x-ray machine. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

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.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that the Employer (who is also the RPS) had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. A review of the laser file documents confirmed that a new intra-oral x-ray machine had been installed in Surgery one in May 2021, the critical examination and acceptance test was undertaken on 5 June 2021 and no recommendations had been made in this regard. The three yearly quality assurance test of the other x-ray equipment located in Surgery two was undertaken in October 2021. The report generated by the RPA evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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 robust procedures are in place to ensure that appropriate x-rays are taken safely.

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.

Mrs King 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.

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

The dental team were 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 and 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 Mrs King.

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

5.4 How does the service ensure that dental laser procedures are safe

Staffing

Mrs King confirmed that laser dental treatments will be carried out solely by authorised operators. The register of authorised operators for the laser machine was found to be up to date.

Mrs King confirmed that she was aware that should a new authorised operator be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for inspection.

A review of training records evidenced that all authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Laser safety

A laser safety file was in place which contained the relevant information in relation to the laser equipment. There was written confirmation of the appointment and duties of a certified LPA to be reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires in September 2022.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during September 2021 and all recommendations made by the LPA have been addressed.

Mrs King told us that laser dental procedures will be carried out following laser treatment protocols as outlined in the Epic 10 user manual and signed by Mrs King. Mrs King confirmed that arrangements were in place to review the laser treatment protocols every year. The laser treatment protocols contained the relevant information about the treatments being provided in accordance with best practice guidance.

Mrs King, as the laser protection supervisor (LPS), has responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

The laser is located in Surgery two, which in laser terms is known as the controlled area. The controlled area can be accessed by two doors; the main door is for patient access and the second door is for staff only which leads to a private office. The laser machine is to be used as an interlocked power supply connected to the main entry door of the controlled area. This will allow the main door to remain unlocked as the laser device will automatically turn off in the event of the door being opened. The second door is to be locked from the inside when the laser equipment is in use. Mrs King informed us that when the laser device is operational, laser safety warning signage will be displayed on both outer doors and removed when not in use.

The laser is operated using a key switch. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The practice has policies and procedures in place for infection prevention and control. It was confirmed that cleaning schedules have been devised and implemented in relation to the decontamination of laser equipment between patients including the protective eyewear.

Portstewart Family Dental had not yet developed a laser register to record each time the laser is operated. This was discussed with Mrs King and on 15 February 2022, RQIA received confirmation by email that a laser register had been developed in line with the legislation to include:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incidents

Mrs King confirmed that arrangements are in place to service and maintain the laser equipment in line with the manufacturer's guidance.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment and to operate the laser equipment.

Patient pathway

Mrs King told us that patients will be provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which will outline the treatment provided, any risks, complications and expected outcomes.

Mrs King confirmed that a price list of all laser dental treatments will be available for each laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the patient.

Mrs King confirmed patient laser treatments will be recorded on patient dental care records. Records will be retained in an electronic format and appropriate systems and processes are in place for the management of records and maintaining patient confidentiality.

It was determined that appropriate measures are in place to maintain patient confidentiality and observations made evidenced that client care records were stored securely.

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.

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 which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Patient Guide had been updated to reflect any changes detailed in the variation to registration application.

6.0 Quality Improvement Plan/Areas for Improvement

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

Appendix 1

The Regulation and Quality Improvement Authority
 7th Floor, Victoria House,
 15-27 Gloucester Street,
 Belfast,
 BT1 4LS

31/01/2022

Clinic Details

Portstewart Family Dental
 6 Lever Road,
 Portstewart,
 BT55 7EF,

Introduction

An inspection of Laser Treatment Room at the above premises was carried out remotely on 25/01/2021 via the WhatsApp platform including live video in support of RQIA who were present on site.

This report summarises the main laser protection aspects including any improvements which may be required. The findings are based on the requirements of the Minimum Care Standards for Independent Healthcare Establishments published by the Health, Social Services and Public Safety (DHSSPSNI) July 2014.

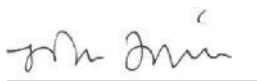
IPL Equipment

Make	Model	Class	Serial Number	Wavelength
Biolase	Epic 10	4	7413243	940 nm

I can confirm that all aspects of laser protection including the labelling of the lasers, specification of the PPE, room signage and layout of the room were adequate and in accordance with the Minimum Care Standards.

Comments & Recommendations

None.



John Kyriou
Laser Protection Adviser



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