Announced Care Inspection Report
2 July 2019

Smiles Dentalcare

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 14 Ballymoney Road, Ballymena, BT43 5BY
Tel No: 02825 655060
Inspector: Stephen O'Connor

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
- 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 four registered places.

Smiles Dentalcare is one of nine practices registered with RQIA operated by Portman Healthcare Limited. Mr Mark Hamburger is the responsible person for Portman Healthcare Limited.

3.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited **Responsible Individual:** Mr Mark Hamburger	**Registered Manager:** Mr Wahib Ziani
Person in charge at the time of inspection: Mr Wahib Ziani	**Date manager registered:** 26 November 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

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

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

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

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 2 July 2019 from 09:55 to 13:40. The inspector was accompanied by Ms Hayley Barrett, RQIA board and executive support manager.

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 inspector met with Mr Wahib Ziani, Ms Alison Rae, compliance manager, Portman Healthcare Limited, an associate dentist, and two dental nurses. A tour of some areas of the premises was also undertaken.

One area for improvement against the regulations has been made to ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in the sedation techniques used. Three areas for improvement against the standards have been made. These relate to ensuring clinical records of conscious sedation treatments are maintained in accordance with best practice guidance, ensuring dental handpieces are decontaminated in keeping with best practice guidance and manufacturer's instructions and ensuring that all records pertaining to complaints are retained together in chronological date order to facilitate audit.

The findings of the inspection were provided to Mr Ziani 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 robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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 May 2019.

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 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.

Mr Ziani confirmed that conscious sedation is provided. It was confirmed that conscious sedation is only provided by one named associate dentist. Discussion with the identified associate dentist evidenced that conscious sedation is provided using intravenous (IV) sedation which is only offered to persons over the age of 18.

The policy and procedures in relation to the management of conscious sedation are currently being reviewed and updated. Review of the draft policy identified that it requires further development to include the names of the clinical team authorised to undertake conscious sedation, the arrangements in respect of conscious sedation training of the clinical team, the criteria that would exclude patients from being offered sedation and the maximum dose of Midazolam to be administered during a conscious sedation treatment episode. This was discussed with Mr Ziani and Ms Rae who agreed to include this information in the updated policy.

The content of a file containing various documents in relation to conscious sedation was reviewed. The file contained information and various templates to be completed when providing conscious sedation. These included a standard operating procedures (SOP's) for the management of Midazolam, separate instructions for patients and their escorts, aftercare instructions, consent for IV sedation, IV sedation log sheet (to document clinical information). It was confirmed that the relevant templates are newly developed and when implemented/completed will ensure that sedation treatments are undertaken in keeping with best practice guidance.

Review of two care records evidenced that 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. However, the overall dose of Midazolam administered during the procedure and the rational for the procedure were not recorded. The newly developed IV sedation log sheet includes this information and its use will ensure all relevant clinical information will be documented going forward. An area for improvement against the standards has been made in this regard.

The associate dentist who undertakes conscious sedation confirmed that he had previously undertaken formal training in conscious sedation during 2014. However no training certificate to evidence this was available for review. Two identified dental nurses assist the associate dentist during conscious sedation treatments. Review of records evidenced that one of the identified nurses had formal training in conscious sedation. We were advised that the second identified nurse had in house training; however no record of this training had been maintained.

An area for improvement against the regulations has been made that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. A record of training should be retained and available for inspection.

Discussion took place with Mr Mr Ziani and staff regarding the arrangements in respect of the management of medicines used during IV sedation. Midazolam, which is a Schedule 3 controlled drug, is the medicine used to provide IV treatments. It was confirmed that storage arrangements in respect of all medicines to be used during conscious sedation treatments were appropriate. There was a system in place to reconcile the management of Midazolam in the practice.

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).

Areas of good practice

A review of arrangements in respect of the documentation of conscious sedation treatments evidenced that all clinical observations were recorded in keeping with best practice guidance.

Areas for improvement

All members of the dental team providing treatment under Conscious Sedation must have received appropriate training in the sedation technique being used.

Clinical records of each conscious sedation treatment must be documented in accordance with Conscious Sedation in The Provision of Dental Care (2003).

	Regulations	Standards
Areas for improvement	**1**	**1**

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour 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.

The most recent IPS audit, completed by the lead dental nurse on 6 June 2019 was reviewed. This audit identified areas of good practice. Mr Ziani confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff.

It was suggested that all dental nurses contribute to the completion of the IPS audit, the inclusion of all dental nurses in the audit process will encourage shared ownership of IPC practice.

Review of the regulation 26 unannounced quality monitoring report undertaken on 18 June 2019, identified that the wipeable covering of two operator chairs/stools were torn. Appropriate arrangements were in place to repair the damaged operator chairs/stools to provide an intact surface that could be easily cleaned. However, the IPS audit undertaken 12 days earlier should have identified this. On discussion the lead dental nurse confirmed that she completes the electronic version of the IPS audit and that if needed she would leave the office to observe aspects of the environment in order to submit audit responses. It was suggested that by completing the hard copy of the audit whilst undertaking a tour of the premises would help to ensure the audit has been completed in a meaningful manner. Following the inspection a hard copy of the IPS audit was forwarded to the practice.

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.

Mr Ziani confirmed that safer sharps are available and used by associate dentists in accordance with regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which states that 'safer sharps are used so far as is reasonably practicable'. However, it was also confirmed that on occasions associate dentists may use a conventional needle and syringe as opposed to a safer sharps following clinical assessment. Mr Ziani was advised that if an associate dentist occasionally uses conventional needles and syringes they must have an individualised risk assessment.

Review of the staff register identified a number of new clinical staff member's recruited during 2018. Review of personnel records in relation to three of these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status were retained. These records had either been generated by the staff member's GP or by an occupational health department. It was confirmed that the newly recruited staff members had not been automatically referred to occupational health. Mr Ziani and Ms Rae were advised that in the future all newly recruited clinical staff members must be referred to occupational health.

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.

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.

Discussion with staff 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 dental handpieces which are manually cleaned prior to sterilisation. Review of a sample of handpieces evidenced that some handpieces were compatible with the washer disinfector. Processing of hand pieces was discussed with Mr Ziani who was advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 which was issued to all dental practices by the DoH. An area for improvement against the standards has been made to review the procedure for the decontamination of handpieces.

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and 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 in the main best practice as outlined in HTM 01-05 is 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

The procedure for the decontamination of dental handpieces should be reviewed.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, each of which has an intra-oral x-ray machine.

Mr Ziani confirmed that the radiation protection supervisor (RPS) for the practice was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of documentation evidenced that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The RPS regularly reviews the information contained within the file to ensure that it is current.

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.

All dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	**0**	**0**

5.6 Complaints management

There was one overarching complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. It was suggested that the time frames for acknowledging and responding to complaints could be increased to 5 working days and 28 working days respectively. 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.

Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

However, these records were not retained together in chronological date order in a centralised place. Doing so would help to facilitate audit of complaints to identify trends, drive quality improvement and to enhance service provision. An area for improvement against the standards has been made in this regard.

Arrangements were in place to share information about complaints and compliments with staff. The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that complaints had been managed in accordance with best practice guidance.

Areas for improvement

All records pertaining to a complaint should be retained together in chronological date order to facilitate audit.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.7 Regulation 26 visits

Smiles Dentalcare is operated by Portman Healthcare Limited; Mr Mark Hamburger is the responsible individual for Portman Healthcare Limited. As this practice is operated by a limited company, the responsible individual or their nominate representative is required to undertake unannounced quality monitoring visits in accordance with regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Hamburger has nominated Ms Alison Rae to undertaken regulation 26 visits on his behalf. Review of the most recent regulation 26 unannounced quality monitoring report completed by Ms Rae on 18 June 2019 evidenced that a thorough and robust visit had been undertaken. The report included an action plan with timescales to address issues identified during the visit. It was confirmed that the regulation 26 unannounced quality monitoring visit reports would be made available to patients, their representatives, staff, RQIA and any other interested parties to read.

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 Mr Ziani and Ms Rae.

5.9 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. Sixteen indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led and indicated they were very satisfied with each of these areas of their care. One patient indicated they were undecided in respect of their care being effective and the service being well led. Two patients indicated they were very unsatisfied with each area of their care. The following comments were included in submitted questionnaire responses:

- "Had a fear of the dentist until Rita from Smiles looked after my teeth."
- "Everyone has made me feel very comfortable as I am a nervous patient who requires sedation. Staff are always really nice and reassuring."

Eight staff submitted questionnaire responses to RQIA. Staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. In the main staff indicated that they were very satisfied or very satisfied with each of these areas of patient care with the exception of one staff member who indicated they were undecided in respect of the service being well led. No comments were included in staff questionnaire responses.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**1**	**3**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Ziani, registered manager and Ms Rae, compliance manager, 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 38 (a) **Stated:** First time **To be completed by:** 27 August 2019	The responsible individual must ensure that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken: Please accept my apologies for the delay in my reply to date but this has been delayed until now due to our attempts to source clinical, theoretical and practical training for the entire team in regards to the provison of conscious sedation. In the absence of both courses and providers in N.I. it has not been possible to confirm either dates of providers to date but negotiations to secure same are in hand and will be communicated as soon as these have been confirmed. In the interim, I wish to state that the practice has ceased offering conscious sedation pending this training being completed.
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:** 27 August 2019	The responsible individual shall ensure that clinical records of each conscious sedation treatment are documented in accordance with Conscious Sedation in The Provision of Dental Care (2003). Ref: 5.2
	Response by registered person detailing the actions taken: Once training has been completed, treatment being provided with conscious sedation will be fully documented in clinical records.

Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 27 August 2019	The responsible individual shall ensure the procedure for the decontamination of dental handpieces is reviewed to ensure that they 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: 5.4
	Response by registered person detailing the actions taken: All handpieces have been checked and all team members have been advised re correct decon protocol for use of washer disenfector. A DAC machine has been added to our CAPEX list to assist with decon processes.
Area for improvement 3 **Ref**: Standard 9.4 **Stated:** First time **To be completed by:** 2 July 2019	The responsible individual should ensure that all records pertaining to a complaint should be retained together in chronological date order to facilitate audit. Ref: 5.6
	Response by registered person detailing the actions taken: The Complaints process has been updated and the complaints masterlog held in practice will show all complaints - written and verbal. There is now an audit and trends analysis held in place at practice level which shows if there are repeated issues.

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

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