Announced Care Inspection Report
5 January 2021

Rosconnor Clinic Derry

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: LisLinn Healthy Living Centre, Central Drive, Creggan, Derry BT48 9QG
Tel No: 028 2766 2145
Inspector: Norma Munn

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

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

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

2.0 Profile of service

Rosconnor Clinic Derry 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 three registered dental surgeries and provides general dental services and oral surgery.

3.0 Service details

Organisation/Registered provider: Portman Healthcare Limited **Responsible Individual:** Mr Mark Hamburger	**Registered manager:** Mrs Caroline Quigg
Person in charge at the time of inspection: Mrs Caroline Quigg	**Date manager registered:** 28 February 2020
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

Portman Healthcare Limited is the Registered Provider for 11 dental practices registered with RQIA. Mr Mark Hamburger is the Responsible Individual for Portman Healthcare Limited.

4.0 Inspection summary

We undertook an announced inspection on 5 January 2021 from 11:00 to 13:45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011).

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

We undertook a tour of the premises, met with Mrs Caroline Quigg, Registered Manager; the Registered Manager from Rosconnor Specialist Clinic Ballymoney; the Quality Lead for Portman Healthcare Limited; one associate dentist; and one dental nurse. We reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to COVID-19; and governance arrangements.

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

4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Quigg, Registered Manager; the Registered Manager from Rosconnor Specialist Clinic Ballymoney; and the Quality Lead for Portman Healthcare Limited as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 October 2019

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

4.3 Review of areas for improvement from the last care inspection dated 31 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 26 **Stated:** First time	The Registered Person shall ensure that six monthly unannounced visits by the Responsible Individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. The visits should include the arrangements for the provision and management of conscious sedation. Written reports of the unannounced visits should be available for inspection.	**Met**

	Action taken as confirmed during the inspection: We reviewed the most recent report of the unannounced visit dated 9 December 2020. We found the visit had been undertaken by the Responsible Individual's nominated representative, and the report included the arrangements for the provision and management of conscious sedation.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time	The Registered Person shall ensure that Glucagon is stored in accordance with manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: We reviewed the arrangements in place for the management of medicines and found that Glucagon had been stored in accordance with manufacturer's instructions.	
Area for improvement 2 **Ref**: Standard 8.6 **Stated:** First time	The Registered Person shall ensure that all patients recovering from conscious sedation are supervised and monitored by an appropriately trained member of the dental team in keeping with best practice.	**Met**
	Action taken as confirmed during the inspection: Mrs Quigg and staff told us that arrangements have been put in place to ensure that all patients recovering from conscious sedation are supervised and monitored by an appropriately trained member of the dental team in keeping with best practice.	
Area for improvement 3 **Ref**: Standard 8.6 **Stated:** First time	The Registered Person shall ensure that the environment and the equipment in relation to conscious sedation are reviewed in keeping with Conscious Sedation in The Provision of Dental Care (2003).	**Met**
	Action taken as confirmed during the inspection: We reviewed the environment and the equipment in relation to conscious sedation and found that it was in keeping with Conscious Sedation in The Provision of	

	Dental Care (2003).	
Area for improvement 4 **Ref**: Standard 8.6 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: We reviewed training records and found that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice.	
Area for improvement 5 **Ref**: Standard 8.5 **Stated:** First time	The Registered Person shall ensure that the policy and procedure in relation to the management of conscious sedation is reviewed to include the medication used in IV sedation, the specific arrangements in relation to the recovery area, the details of the staff who provide IV sedation and the advanced planning arrangements to manage any risks that might arise due to multiple sedation cases being scheduled at the same time.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the policy and procedure in relation to the management of conscious sedation had been further developed since the previous inspection. We confirmed this policy and procedure included the medication used in IV sedation, the specific arrangements in relation to the recovery area, the details of the staff who provide IV sedation and the advanced planning arrangements to manage any risks that might arise due to multiple sedation cases being scheduled at the same time.	
Area for improvement 6 **Ref**: Standard 13.2 **Stated:** First time	The Registered Person shall ensure that the infection prevention and control issues identified as follows are addressed: • Colour coded cleaning equipment should be reviewed in keeping with the national patient safety agency cleanliness guidelines.	**Met**

	• Any surgical hand soap that has exceeded its expiry date should be disposed of. • All sharps boxes should be signed and dated on assembly. • The clinical waste bin in the decontamination room should be in keeping with best practice.	
	Action taken as confirmed during the inspection: We observed that colour coded cleaning equipment provided was in keeping with the national patient safety agency cleanliness guidelines; surgical hand soap provided was in date; sharps boxes had been signed and dated on assembly; and access to the clinical waste bin in the decontamination room was in keeping with best practice.	
Area for improvement 7 **Ref**: Standard 8.3 **Stated:** First time	The Registered Person shall ensure that all recommendations made by the radiation protection advisor (RPA) in relation to the computed tomography machine (CBCT) are addressed and evidence retained of the action taken.	**Met**
	Action taken as confirmed during the inspection: We reviewed the most recent RPA report in respect of the CBCT and found that all recommendations made by the RPA had been addressed.	
Area for improvement 8 **Ref**: Standard 9 **Stated:** First time	The Registered Person shall ensure that records of complaints include the details of the investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. An audit of complaints should be undertaken to identify trends, drive quality improvement and enhance service provision.	**Met**
	Action taken as confirmed during the inspection: We were informed that there had been no formal complaints made since the previous inspection. We were advised that in the future a record of complaints will include the details of the investigation undertaken, all	

	communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. We were informed that an audit of complaints will be undertaken to identify trends, drive quality improvement and enhance service provision.	

5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
  written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

During the inspection, we spoke with Mrs Quigg, Registered Manager; the Registered Manager from Rosconnor Specialist Clinic Ballymoney; the Quality Lead for Portman Healthcare Limited; one associate dentist; and one dental nurse.

The findings of the inspection were provided to Mrs Quigg; the Registered Manager from Rosconnor Specialist Clinic Ballymoney; and the Quality Lead for Portman Healthcare Limited, at the conclusion of the inspection.

6.0 Inspection findings

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

We discussed the management of operations in response to the COVID-19 pandemic with Mrs Quigg and staff, and application of the Health and Social Care Board (HSCB) operational guidance. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

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

We confirmed the practice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced infection prevention and control procedures; and the patient pathway.

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

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

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

6.2 Management of medical emergencies

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency. We observed that one of the oxygen cylinders did not have an expiry date recorded. Mrs Quigg agreed to remove this with immediate effect and order a new oxygen cylinder.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during December 2020. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency should this occur.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Areas of good practice: Management of medical emergencies

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

Areas for improvement: Management of medical emergencies

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

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

6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered. We found that the areas reviewed of the practice were fully equipped to meet the needs of patients.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 mask is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We confirmed the practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Mrs Quigg informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

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

We were informed that one member of staff had been recently commenced work during 2020. We reviewed the personnel records regarding this staff member and confirmed that a record was retained to evidence their Hepatitis B vaccination status. Mrs Quigg told us that in the future all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to occupational health.

Areas of good practice: Infection prevention and control

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

Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding IPC.

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

6.4 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

We confirmed that processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed during November 2020 and found that the audit had been completed in a meaningful manner and had identified both areas of good practice and areas that require to be improved.

We found that appropriate equipment, including a washer disinfector, an ultrasonic bath and two steam sterilisers had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

Areas of good practice: Decontamination of reusable dental instruments

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

Areas for improvement: Decontamination of reusable dental instruments

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

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

6.5 Visits by the Registered Provider (Regulation 26)

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

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

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

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

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

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

6.6 Equality data

We discussed the arrangements in place regarding the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Staff told us that equality data collected was managed in line with best practice.

6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and eight patients submitted responses to RQIA. No patient questionnaires were returned.

We found eight staff submitted questionnaire responses to RQIA. We found six of these staff felt patient care was safe, effective, that patients were treated with compassion, the service was well led and indicated that they were either satisfied or very satisfied with each of these areas of patient care. Two staff indicated that they were very unsatisfied with each of these areas of care however a comment made by one of these staff members was a very positive comment. This was discussed with Mrs Quigg.

Comments included in submitted questionnaire responses are as follows:

- "I am very proud to be part of the Rosconnor team. It is the best job I have ever had in the last 20 years. They are a supportive and professionally led team of outstanding healthcare professionals."
- "Staff are operating on all SOP's and daily updates very effectively and efficiently while still maintaining a welcoming atmosphere and friendly effective service."

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

7.0 Quality improvement plan (QIP)

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

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