Announced Care and Variation to Registration Inspection Report
9 October 2019

Fortwilliam Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 440 Antrim Road, Belfast, BT15 5GB
Tel No: 028 9077 4633
Inspector: Bridget Dougan

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

1.0 What we look for

In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

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

2.0 Profile of service

This is a registered dental practice with three registered places providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from three to four has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

3.0 Service details

Organisation/Registered Providers: Mr Christopher Scannell and Ms Christine Devlin	**Registered Manager:** Ms Christine Devlin
Person in charge at the time of inspection: Mr Christopher Scannell	**Date manager registered:** 29 October 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Action/enforcement taken following the most recent inspection dated 28 November 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 28 November 2018

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

5.0 Inspection findings

An announced care and variation to registration inspection took place on 09 October 2019 from 10.30 to 13.15.

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).

This practice was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 29 October 2012 with three dental places. On 28 August 2019 a variation to registration application was submitted to RQIA. The application was to increase the number of registered dental chairs from three to four.

The inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

There were examples of good practice found in relation to the management of medical emergencies, infection prevention and control and decontamination, maintenance of the environment and radiology.

Three areas of improvement against the standards have been made. These relate to conscious sedation, the completion of a nitrous oxide risk assessment and t the management of complaints records.

The variation to registration application is granted from a care perspective subject to submission to RQIA of a completed Quality Improvement Plan (QIP), confirming that the areas identified for improvement have been met.

RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

During the inspection the inspector met with Mr Christopher Scannell, registered person, Mrs Mellissa Moore, practice manager, one dentist, three dental nurses and two receptionists. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Scannell and Mrs Moore at the conclusion of the inspection.

5.1 Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that in the main emergency medicines in keeping with the British National Formulary (BNF) were retained. Two doses of Adrenaline were available in 300 micrograms and two doses in 150 micrograms doses. Adrenaline should be available in three doses: 150 micrograms, 300 micrograms and 500 micrograms and a sufficient supply should be available to administer a second dose to the same patient if required. This was discussed with Mr Scannell and Mrs Moore who readily agreed to purchase additional stock. Following the inspection confirmation was received from Mrs Moore that additional stock of Adrenaline 500 micrograms had been ordered.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was 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 Scannell confirmed that conscious sedation is provided in Fortwilliam Dental Practice in the form of inhalation sedation, known as relative analgesia (RA). The practice does not offer intravenous (IV) or oral sedation to patients.

A policy and procedure in relation to the management of conscious sedation was in place. Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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

It was established that most of the 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. It is advised that all members of the dental team providing treatment under conscious sedation should have completed training according to best practice. An area for improvement has been made against the standards in this regard.

A review of records and discussion with the Mrs Moore confirmed that arrangements have been established to ensure the RA equipment is serviced annually.

Mrs Moore confirmed that a nitrous oxide risk assessment had not been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. An area for improvement has been made against the standards.

Areas of good practice

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

Areas for improvement

All members of the dental team providing treatment under conscious sedation should undertake training according to best practice.

A nitrous oxide risk assessment should be completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

	Regulations	Standards
Areas for improvement	0	2

5.3 Infection prevention and control

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.

A review of the most recent IPS audit, completed during April 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. The audits are carried out by the dentists and the practice manager who confirmed that any learning identified as a result of these audits is shared immediately with staff and discussed at staff meetings.

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.

Review of the staff register identified that the most recently recruited staff member commenced work during September 2019. Review of personnel records in relation to this staff member demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by an occupational health department.

Mr Scannell and Mrs Moore confirmed that all clinical staff members, new to dentistry, are 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

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 receives training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

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

Appropriate equipment, including a washer disinfector, two steam sterilisers and a DAC Universal had 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 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

The practice has four surgeries, three of which has an intra-oral x-ray machine. In addition there is a cone beam tomography (CBCT) machine which is located in a separate room.

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

A dedicated radiation protection file was in place relating to the three intra-oral x-ray machines containing the relevant local rules, employer's procedures and other additional information. A review of the file confirmed that staff have been authorised by the RPS for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the most recent report dated 01 March 2018 demonstrated that the recommendations made have been addressed.

A separate radiation protection folder for the CBCT machine was also provided, which contained the relevant local rules, employer's procedures and written protocols for CBCT dental radiography. A critical examination of the CBCT machine had been undertaken on 26 February 2019. The RPA had completed the annual performance testing on the CBCT machine in May 2019, review of this report demonstrated that the recommendations made have been addressed.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

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.

5.6 Complaints management

There was a complaints policy and procedure in place which was generally in accordance with legislation and DoH guidance on complaints handling. An amendment was required to be made to the complaints pathway for NHS treatment. This was discussed with the Mrs Moore and the DoH guidance in relation to the Health and Social Care Complaints Procedure (2019) was forwarded to the practice. Confirmation was received following the inspection that the complaints policy and procedure had been revised and was now in accordance with legislation and regional guidance.

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. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to manage complaints from patients, their representatives or any other interested party. Records of complaints did not always include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. This was discussed with Mrs Moore and an area for improvement has been made against the standards.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Areas for improvement	0	1

5.7 Regulation 26 visits

Where the 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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Scannell and Ms Devlin are in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 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 Scannell and Mrs Moore.

5.9 Application of variation

An application to vary the registration of the practice was submitted to RQIA to increase the number of registered dental chairs from three to four.

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

- Review of the submitted variation to registration application
- The previous care inspection report

In addition to the arrangements reviewed, as previously discussed, regarding infection prevention and control, decontamination and radiology, the following records were examined during the inspection:

- Statement of purpose
- Patient guide

The variation to registration is granted from a care perspective subject to submission to RQIA of a completed QIP, confirming that the areas identified for improvement have been met.

RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

5.10 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All five patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- "Great practice with great staff"
- "Very helpful with all my needs"
- "Excellent service"

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.11 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	3

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the Quality Improvement Plan (QIP). Details of the QIP were discussed with Mr Scannell, responsible individual and Mrs Moore, practice 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 Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 8.6 **Stated:** First time **To be completed by:** 31 December 2019	The registered persons shall ensure that all members of the dental team providing treatment under conscious sedation have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection. Ref: 5.2
	Response by registered person detailing the actions taken: Staff training arranged for 5/12/19. Record of training will be kept for inspection.
Area for improvement 2 **Ref**: Standard 14.7 **Stated:** First time **To be completed by:** 30 November 2019	The registered persons shall ensure that a nitrous oxide risk assessment has been completed to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017. Ref: 5.2
	Response by registered person detailing the actions taken: Risk assessment carried out 14/11/2019.
Area for improvement 3 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 30 November 2019	The registered persons shall ensure that records of complaints include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Ref: 5.6
	Response by registered person detailing the actions taken: Complaints handling policy, template for complaint recording and patient's Code of practice for handling complaints all updated and staff trained on same at meeting 21/11/19

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

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