

# Announced Care Inspection Report 10 June 2019



## Finaghy Orthodontics

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 14 Finaghy Road South, Belfast, BT10 0DR**  
**Tel No: 028 9058 2288**  
**Inspector: Steven Smith**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 2.0 Profile of service

This is a registered dental practice with seven dental chairs providing orthodontic care and treatment. The practice comprises of a poly clinic with six chairs and a separate surgery with one chair. Initially registered with RQIA on 7 December 2011, the practice was subsequently purchased by Portman Healthcare Limited and was registered with RQIA, under this entity, on 8 May 2018. The practice continues to operate under the name Finaghy Orthodontics.

## 3.0 Service details

<b>Organisation/Registered Providers:</b> Portman Healthcare Limited  <b>Responsible Individual:</b> Dr Mark Hamburger	<b>Registered Manager:</b> Ms Joanne Quinn
<b>Person in charge at the time of inspection:</b> Ms Alison Rae	<b>Date manager registered:</b> 21 May 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 7

## 4.0 Action/enforcement taken following the most recent inspection dated 17 April 2018

The most recent inspection of the establishment was an announced pre-registration care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

## 4.1 Review of areas for improvement from the last care inspection dated 17 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall ensure that the procedure in relation to the transportation and processing of used dental instruments is reviewed.  All used dental instruments should be transferred as soon as possible after use and decontaminated in keeping with best practice.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with Ms Rae and dental nursing staff as well as review of records confirmed that that the procedure in relation to the transportation and processing of used dental instruments has been reviewed. All used dental instruments are transferred as soon as possible after use and decontaminated in keeping with best practice.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time</p>	<p>The registered person shall address the infection prevention and control issues identified below:</p> <ul style="list-style-type: none"> <li>• remove any cobwebs from the decontamination room</li> <li>• the area where the emergency equipment is located should be cleaned effectively</li> <li>• cleaning schedules should be further updated to include all areas in the premises</li> <li>• all areas should be cleaned effectively and records maintained</li> <li>• all waste bins in clinical areas should be in keeping with best practice guidance</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Ms Rae confirmed that the issues above had been addressed following the previous inspection. Observations made during the inspection evidenced:</p> <ul style="list-style-type: none"> <li>• there were no cobwebs in the decontamination room</li> <li>• the area where the emergency equipment is located was clean</li> <li>• waste bins in clinical areas are in keeping with best practice guidance</li> <li>• cleaning schedules have been further updated to include all areas in the premises</li> <li>• all areas were clean and cleaning records have been maintained</li> </ul>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure that Adrenaline doses are provided in keeping with the British National Formulary (BNF).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Ms Rae and inspection of the emergency medicines confirmed that Adrenaline doses are provided in keeping with the BNF.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	The registered person shall ensure that the practice is registered with the Information Commissioner's Office (ICO).  A copy of the ICO registration certificate should be submitted to RQIA upon return of the QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Ms Rae and review of documents confirmed that the practice has been registered with the Information Commissioner's Office (ICO). A copy of the ICO registration certificate was submitted to RQIA after the inspection.	

## 5.0 Inspection findings

An announced inspection took place on 10 June 2019 from 10:00 to 11:30.

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 Ms Alison Rae, compliance facilitator for Portman Healthcare Limited, two dental nurses and a receptionist. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to 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 October 2018.

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.

Ms Rae confirmed that conscious sedation is not provided.

## 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.

A review of the most recent IPS audit, completed during December 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by Ms Quinn, registered manager. Ms Rae confirmed that any learning identified as a result of these audits is shared 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.

### 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.

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 disinfectant, a DAC Universal and two steam sterilisers, has 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

### Radiology and radiation safety

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

Ms Rae confirmed that the radiation protection supervisor (RPS) was aware of the most 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 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, completed during November 2017, 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.

The RPS takes 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
<b>Areas for improvement</b>	0	0

## 5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. 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 effectively manage complaints from patients, their representatives or any other interested party. Ms Rae confirmed that whilst the practice has not received a complaint since the pre-registration care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. Ms Rae confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

## 5.7 Regulation 26 visits

A visit by the registered provider was undertaken as required under Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005; a report of the most recent visit, undertaken during January 2019, was produced and made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

### 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 Ms Rae.

## 5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 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:

- “All excellent.”
- “I have been attending Finaghy Orthodontics with a number of my children over a period of 15+ years and I believe the standard of care and treatment is excellent.”

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

**5.10 Total number of areas for improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.0 Quality improvement plan**

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



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