



The **Regulation and
Quality Improvement
Authority**

MARCH 2020

Dental Practices Trend Report

2011 - 2019



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Assurance, Challenge and Improvement in Health and Social Care



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Introduction - Dental Regulation by RQIA

In 2011 establishments providing private dental care and treatment were required to register with RQIA under the category of Independent Hospitals (IH) – Dental Treatment. The only exclusion to this requirement to register with RQIA is dental practices delivering exclusively health and social care (HSC) services (that is public services) without any private dental care and treatment. The purpose of regulation is to protect people who use health and social care services and to ensure that these individuals are receiving a standard of care which means that their wellbeing and safety is being properly promoted and protected.

This report provides an eight year overview of the registration and regulation of dental practices by RQIA from April 2011 to March 2019 with the following key findings:

Key Findings

378

As at March 2019 there were **378 dental practices** registered with RQIA. This has remained stable since 2014.

75%

During 2018-19, **75% of the dental inspections** (300 out of 401) identified no areas of improvement required.

Since 2014....



- Number of larger providers
- Practices contacting RQIA to seek Advice and guidance
- Inspected dental practices with no areas of improvement stated

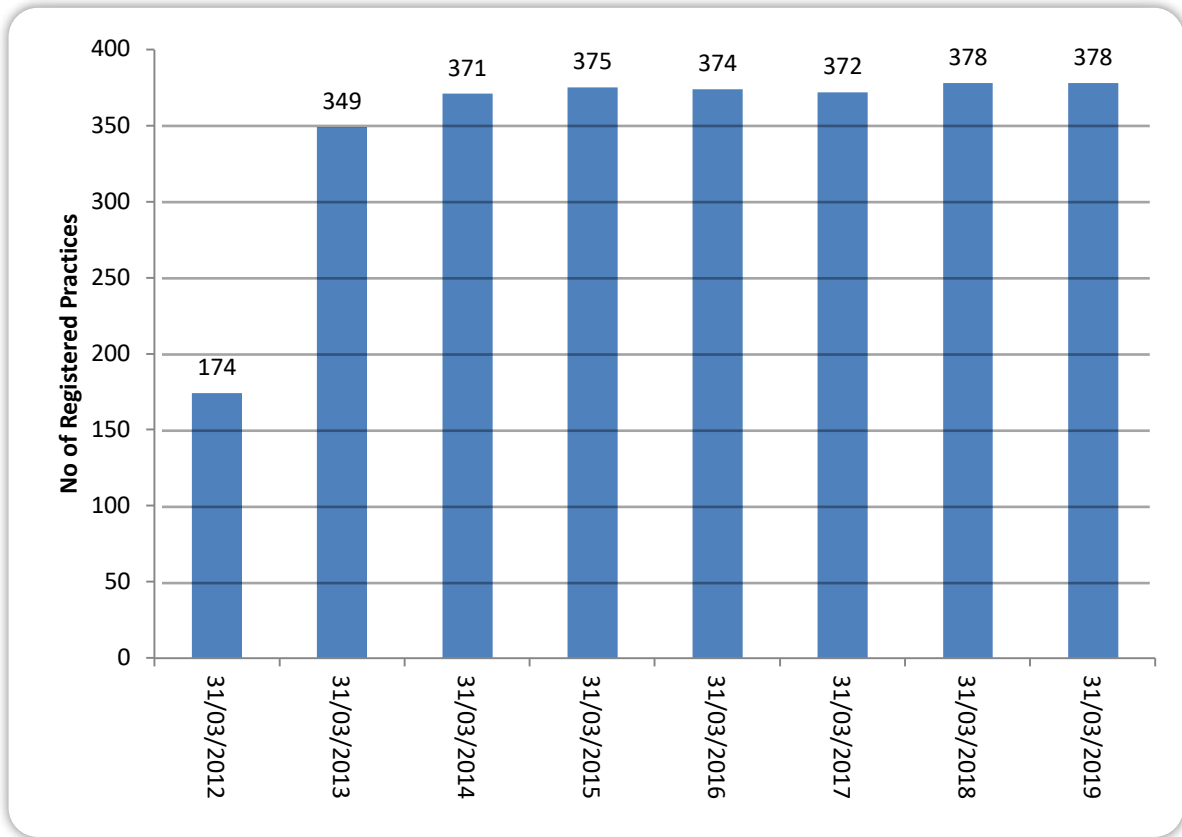


- Number of stated areas for improvement
- Dental practices requiring more than one inspection per year

Registration Activity

The number of dental practices registered with RQIA has remained relatively stable since 2014 with between 371 and 378 registered practices at 31 March 2019 (Figure 1).

Figure 1: Number of Dental Practices Registered with RQIA

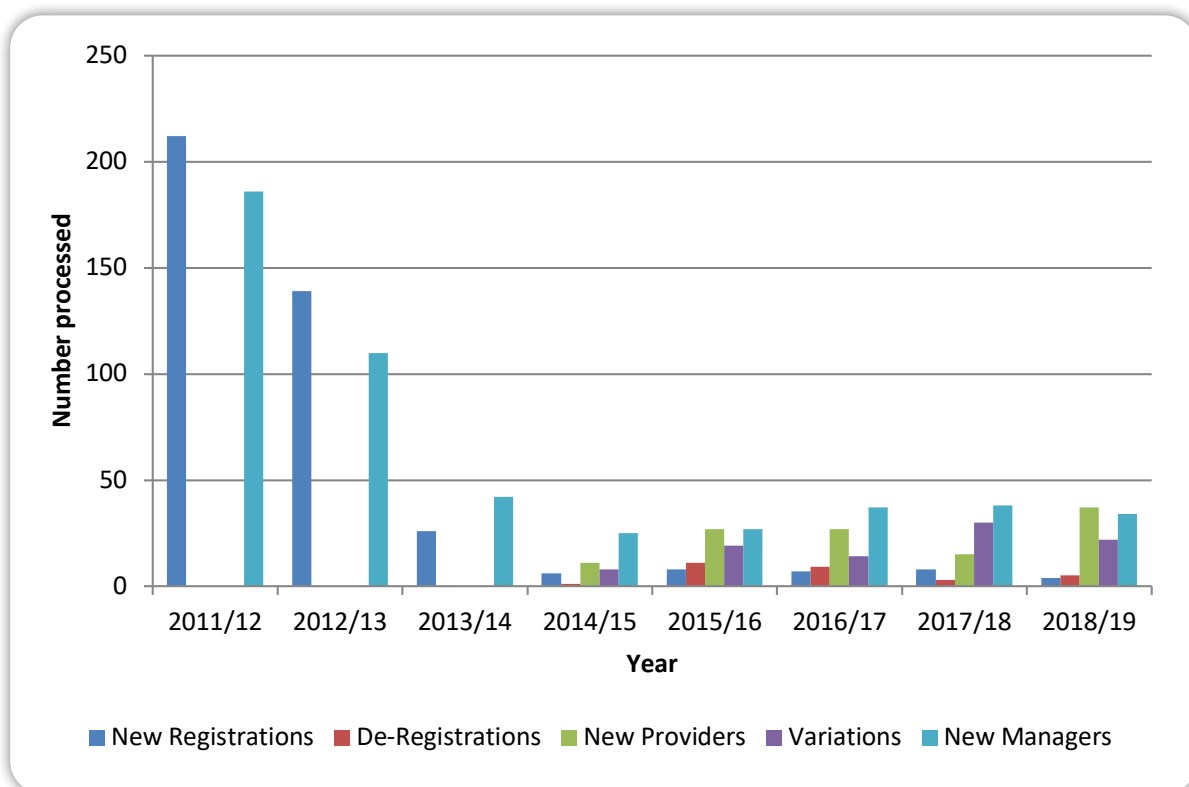


In 2011 the Department of Health, Social Services and Public Safety (DHSSPS, now known as the Department of Health (DoH)) required dental practices providing private dental care and treatment to be registered with RQIA. As a result, RQIA experienced high volumes of registration activity, registering 351 dental practices across 2011-12 and 2012-13. Since then registration activity in relation to new services or deregistered services has remained relatively small, with no more than eight new services registered or 11 services deregistered in any of the last five years (figure 2).

Additional registration activity is also generated from changes of ownership, changes of registered managers and variations to registrations within dental practices. Variations to registration can include a number of things such as an increase or decrease in the number of registered chairs, building works, change of premises or additions of other categories of care such as introduction or commencement of a laser service. Any dentist requiring a variation to their registration must submit appropriate documentation and undergo an inspection of work carried out, where appropriate, before the variation is approved.



Figure 2: Registration Activity in relation to Dental Practices, 2011 - 2019



Following high levels of registration activity in registering new managers in 2011-12 and 2012-13 which dropped in 2014-15, there has been a steady increase in the number of new manager applications since 2014-15 (Figure 2). Reasons for this upward trend may include appointment of practice managers by former sole providers, changes of ownership where a new manager is appointed and turnover of managers in larger organisations.

There has also been an increase in registered dental practices being sold to either corporate organisations or to providers who operate more than one practice. Providers with more than one practice are required to have one or more registered managers, with each registered manager being responsible for no more than three dental practices. In addition a number of practices formerly registered as sole providers have become incorporated, which requires the practice to appoint a registered manager.

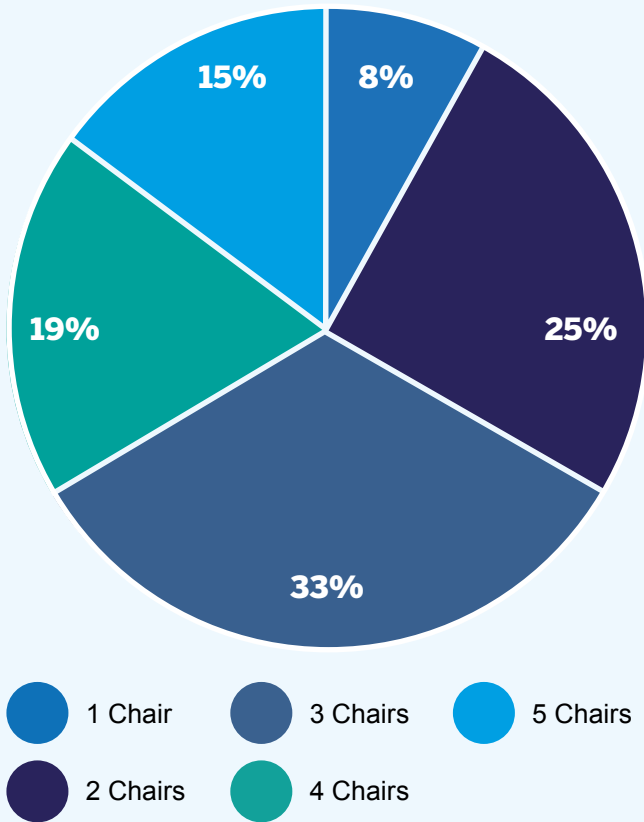


New provider registrations include both changes of ownership and changes of entity (the latter would include the scenario where a sole provider forms a limited company). There was an increased level of activity in the 2018-19 period, largely due to the biggest provider (Oasis Dental Care) changing over to Bupa which required reregistration of all 12 dental practices in question.

Configuration of Registered Dental Practices

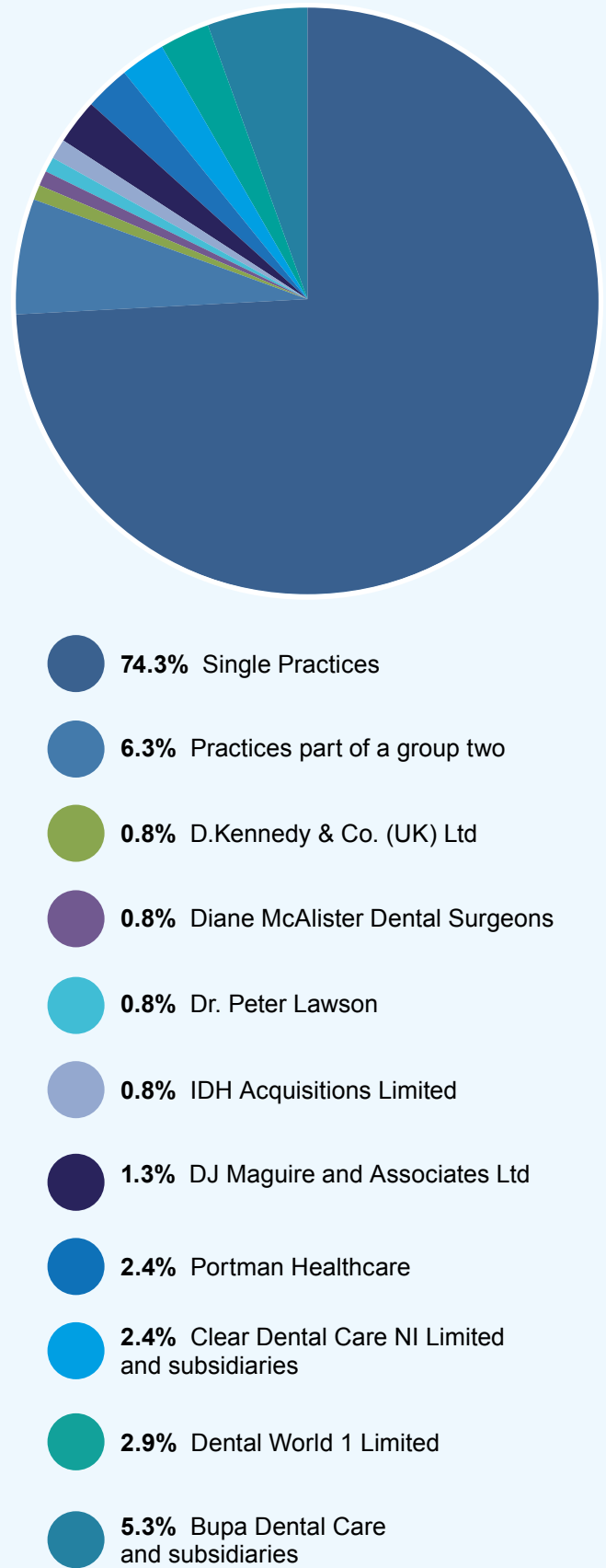
One-third (33%) of all dental practices are registered for three chairs, with a further quarter (25%) registered for two chairs. Only 8% of all registered dental practices are registered for one chair (Figure 3).

Figure 3: Percentage of Practices by Size (March 2019)



Single providers (whether they be sole owners, partnerships or organisations) account for 74% of registered practices, with provider entities carrying on two or more practices accounting for the remaining 26% (see Figure 4).

Figure 4: Breakdown of Practices Under Single Providers or Larger Groups¹

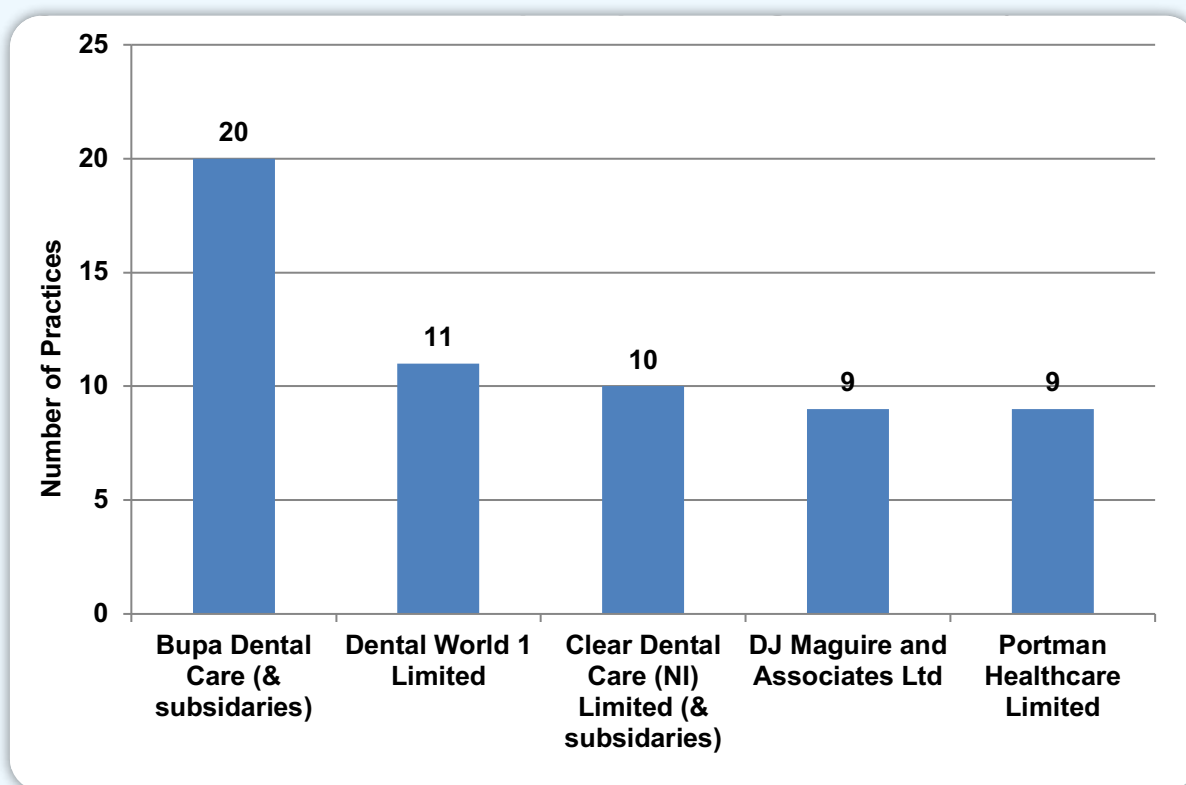


In recent years we have seen an increase in the share of practices carried on by larger groups. In 2015 only four registered providers carried on three or more practices. Together these four larger providers carried on 7% of all the registered practices in Northern Ireland, by March 2019 the number of registered providers with three or more practices had increased to nine, accounting for 19% of all practices registered in Northern Ireland.

It is expected that the larger companies' share of the dental sector will continue to grow, as a number of new provider applications for registration were pending as at 31 March 2019.

There has been a significant increase in the number of corporate organisations moving into Northern Ireland in recent years. The largest dental provider in March 2019 is the Bupa Dental Care group (incorporating Oasis Dental Care and other subsidiaries) with 20 registered dental practices; followed by Dental World 1 Ltd with 11 practices; and Clear Dental Care (NI) Ltd (incorporating Clear Dental Lurgan) with 10. DJ Maguire and Associates Ltd and Portman Healthcare Ltd each have nine dental practices registered with RQIA (Figure 5).

Figure 5: Number of Practices per Top Five Largest Providers (March 2019)



Notifications and Concerns

There is a legislative requirement under The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 28, for registered dental practices to report notifiable events to RQIA. The categories of notifiable events as listed in legislation are generally not common occurrences in dental practices. Consequently the number of notifiable events received by RQIA is small.

Figure 6: Number of Notifications Received, 2011 - 2019

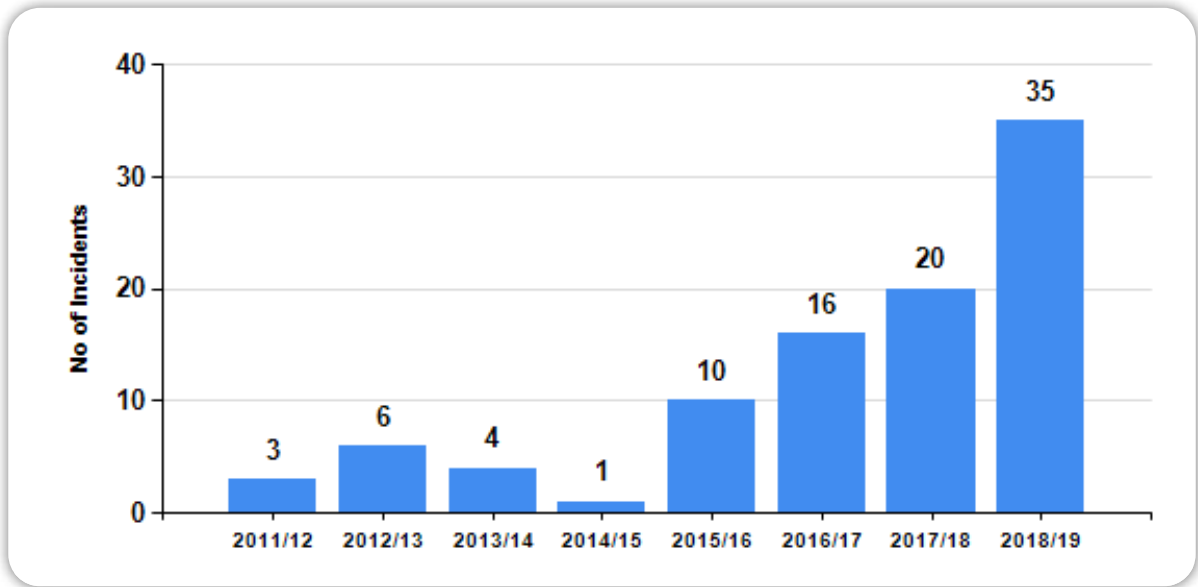


Figure 7: Notifications reported to RQIA, 2011 - 2019

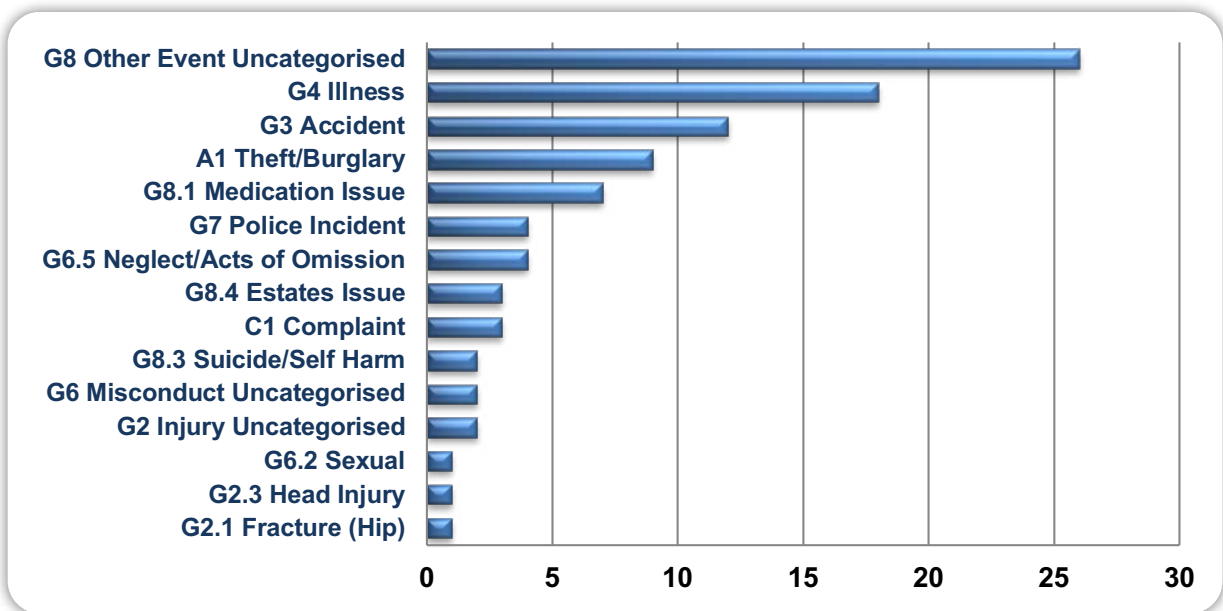


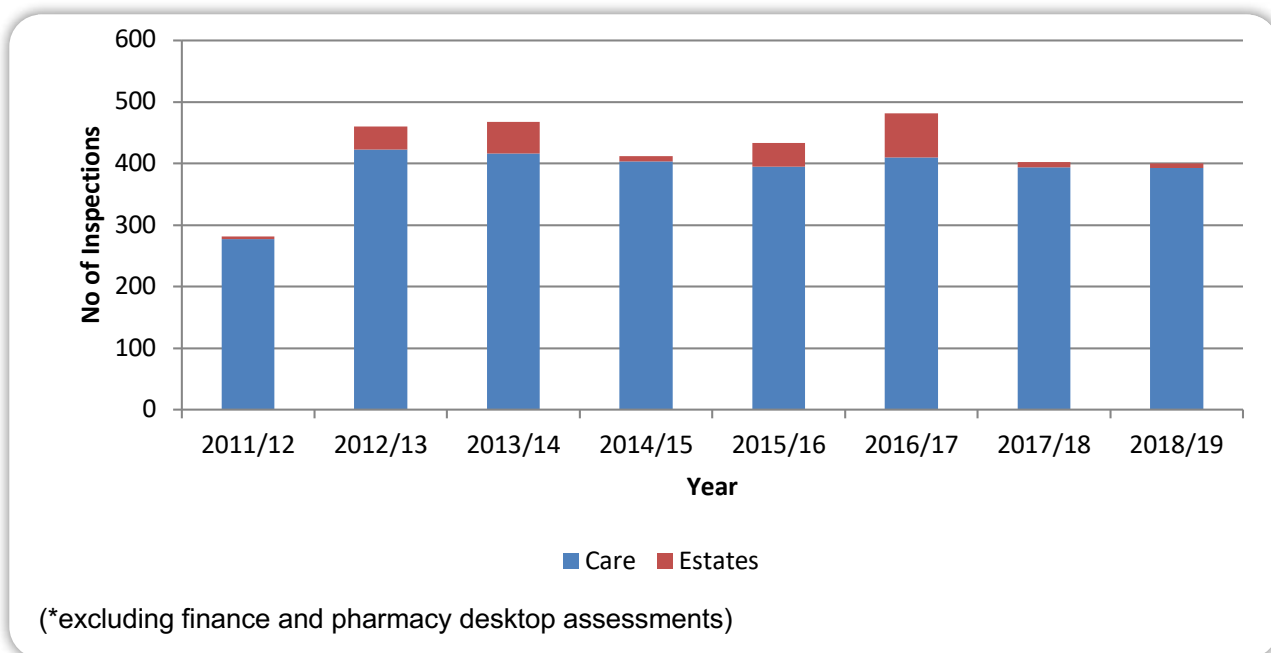
Figure 7 shows that the majority of notifications which have been received from dental practices are in the G8 'Other Uncategorised' category.

This is a catch-all category for any incident/event which adversely affects a service user but does not fit into other specified categories. Uncategorized notifications reported by dental practices relate to a broad range of incidents. These included problems occurring during treatments, issues with equipment or potential data breaches.

Inspections

Figure 8 shows that there was an increase in the number of estates inspections from 2014-15 to 2016-17 before subsequently dropping again to eight in 2017-18 and seven in 2018-19. From April 2017 onwards the estates team have focused on preregistration and variation inspections rather than scheduled inspections as this is where their skills and knowledge bring maximum benefit. The number of care inspections undertaken across all dental practices has remained relatively stable from 2012/13 onwards, at around 400 per year.

Figure 8: Number of Dental Inspections² Carried Out per Year, 2011 - 2018



The legislative framework³ requires that all dental practices receive one statutory inspection per year, however, the legislation also enables us to inspect a dental practice as frequently as is determined to be necessary. In 2018-19 19 practices (5% of registered services) received more than one inspection. Practices requiring more than one inspection could be related to the registration of the practice e.g. variation to registration or for RQIA to review concerns or ongoing enforcement action in relation to the practice. There was an increase in the number of follow-up inspections undertaken in 2013-14. During that inspection year the inspection theme was decontamination, as outlined in the DHSSPS Decontamination in primary care dental practices (HTM 01-05).

Where noncompliance with this best practice guidance was identified during inspection, inspectors outlined areas for improvement and where necessary undertook follow-up inspections to assess progress made within the dental practice. Northern Ireland was in a unique position at that time, in that full compliance by dental practices with the requirements set out in HTM 01-05 was advised by DoH as compulsory.

Enforcement Action³

Eight dentists were prosecuted by RQIA between September and November 2012 and all were convicted of carrying on an unregistered establishment. Their individual convictions resulted in fines ranging from £250 - £1500.

Since registration and regulation of private dental services commenced in 2011/12 we have taken enforcement action in a very small number of practices. Enforcement action has been taken on 46 occasions. Of these 46 actions, 20 (43%) relate to one provider who owned and operated 9 dental practices.

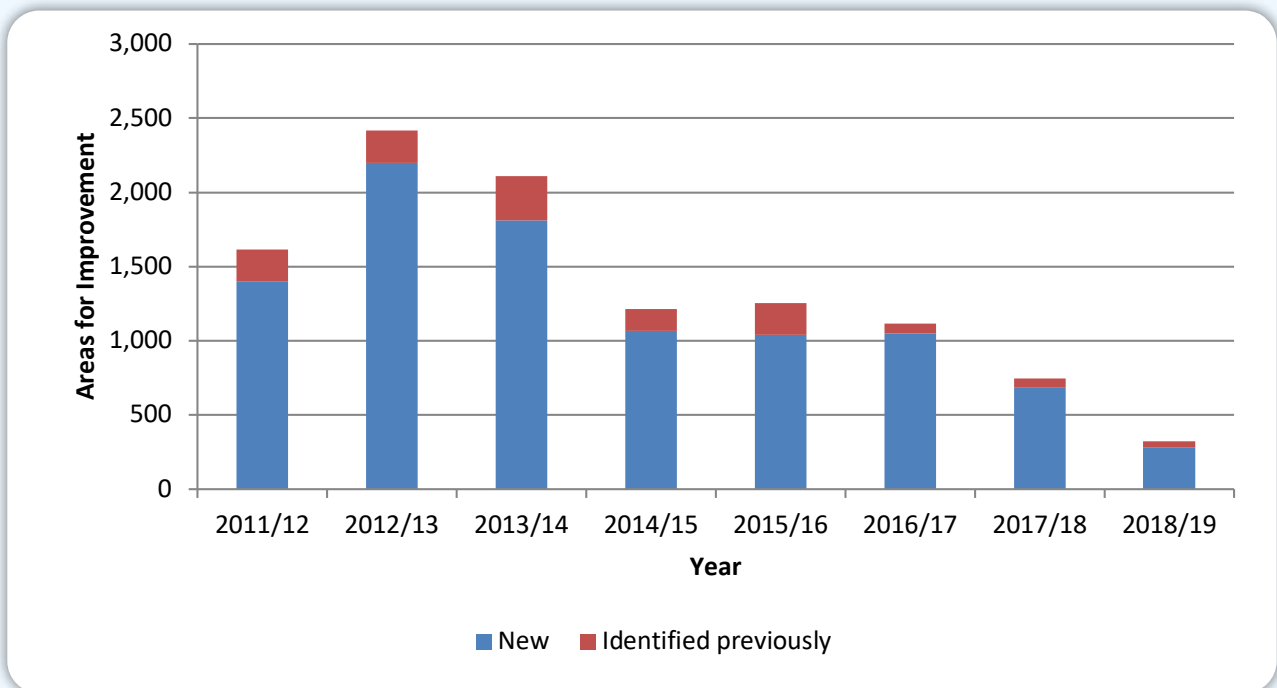
Half of the 46 enforcement actions (23, 50%) have been Failure to Comply Notices issued as a result of non-compliance with regulations relating to decontamination (11); recruitment and selection of staff (10); radiology (1); and equipment (decontamination of reusable dental instruments)(1).

The other 23 enforcement actions were Notices of Proposal to cancel or refuse registration or to place conditions on the registration of a service.

Areas for Improvement

Areas for improvement stated on inspection have shown a general downward trend since 2012-13. Figure 9 outlines the numbers of areas for improvement made against the regulations and standards each year and also the number of areas that were stated previously and deemed not met. 2018-19 saw a decrease of 421 (57%) areas for improvement stated compared with the previous year.

Figure 9: Areas of Improvement Identified Against Regulations and Standards

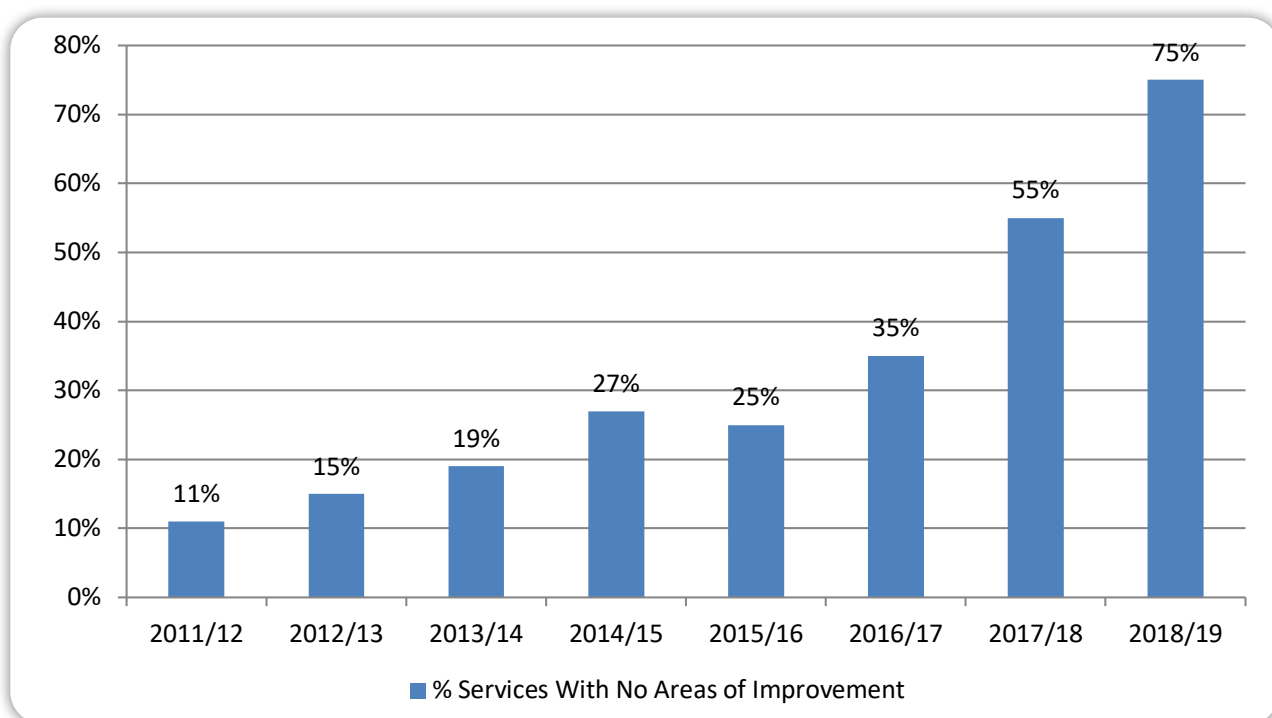


In 2013-14, 1,809 new areas for improvement were made against the regulations and standards. The theme for inspections that year was decontamination of reusable dental instruments, which was required to be in line with the DHSSPS Decontamination in primary care dental practices (HTM 01-05). At that time dental practices were implementing new and/or refreshed decontamination processes in line with this best practice guidance. This work took some time to embed in practices and the work in progress reflects the high number of areas for improvement identified by inspectors during that inspection year. It was encouraging to report that of the 1,809 areas for improvement identified in inspections undertaken during 2013-14 there was evidence of significant improvement reported during inspections undertaken in the subsequent year (2014-15), with 92% of the 1,809 areas for improvement identified in 2013-14 being addressed and compliance achieved at the next inspection.

The number of areas for improvements identified on inspection has fallen in each inspection year since 2012-13. Registration and regulation is likely to have played a key part in this improvement along with the clear commitment providers have demonstrated to ensuring safety and wellbeing of service users and the quality of care/service provided. RQIA inspectors work collaboratively with providers to achieve rapid compliance to some issues identified on inspection. If providers can provide evidence to RQIA that the issues identified have been fully addressed either during the inspection or shortly afterwards these issues will be reflected in the main body of the inspection report and not identified as an area for improvement in the appended quality improvement plan (QIP). This proportionate approach to inspection has added to the reduction in the number of areas for improvement identified. However, providers who have not addressed areas for improvement made during the previous inspection would raise concerns and this could result in enforcement action being taken.

Figure 10 shows that three-quarters (274, 75%) of all registered dental practices had no areas for improvement identified against the standards or regulations in 2018-19. This is three times the number of practices (92, 25%) who had no areas for improvement reported in 2015-16. This finding is encouraging, it would indicate quality improvement is being achieved across the sector and that regulation is having a positive impact.

Figure 10: Percentage of Services Inspected with No Identified Areas for Improvement, 2011 - 2019



Learning from RQIA's Inspection of Dental Practices

Dental practices have been on a journey of improvement since 2011. From post-inspection feedback it is evident that inspectors are seen by providers as being improvement focused and supportive. The inspection team remains focused on ensuring that inspections are undertaken in an efficient and timely manner, inspectors work to minimise the impact of inspection on dentist's time and patient care to a minimum.

The low enforcement activity evidences a high level of compliance with the Independent Health Care Regulations (Northern Ireland) 2005 within the dental sector. Where areas of improvement are identified, as a result of inspection, there is evidence that in the main these are being addressed and compliance with The Independent Health Care Regulations (Northern Ireland) 2005 is achieved. In order to gain independent assurance that dental practices have robust systems and processes in place to ensure the safety and wellbeing of patients, the evidence suggests that a more generic inspection approach examining all areas, rather than themed inspections, provides a more realistic overall picture of the service provided.

Recruitment and selection of staff was an inspection theme in 2015-16 and noncompliance with the regulations in this area was identified in a number of dental practices. Since then

inspectors have continued to review this area and have been following up on areas for improvement from previous inspection years. We have undertaken significant work with various organisations, individual practices and roadshows to help providers



ensure recruitment and selection of staff is in line with the legislation and appropriate safeguards are in place to protect the safety and wellbeing of patients. More recently there is evidence of greater stability in relation to staff recruitment and selection indicating increased understanding of the legislative framework.

Since 2011 inspectors have continuously encouraged and supported practices to recognise the benefits of having a skilled and competent workforce. Improvements have been identified although the importance of mandatory training for staff continues to be promoted during inspections.

Radiology and radiation protection was an inspection theme in 2012-13 and at that time a number of safety issues were identified which resulted in the identification of areas for improvement. Inspections undertaken in 2013-14 assessed progress made and found improvements in relation to this theme. Radiology and radiation protection was not reviewed again until the inspection focus changed in 2016 to a more generic theme. At this stage it was identified that the previous achieved level of compliance with the regulations and standards had not always been sustained.

Good Practice

Inspectors report that dental practices who receive no areas for improvement/limited areas for improvement as result of inspection generally have a clear understanding of the regulations and standards and have good governance and assurance arrangements in place.

Since 2011 inspectors report a steady increase in the number of providers contacting them for advice and guidance in relation to a range of areas relating to regulation.

Corporate Governance and Assurance Systems

Northern Ireland has recently seen an increase in the number of corporate organisations who own and operate dental practices. The governance and assurance arrangements within corporate organisations are key to ensuring good quality of care for patients in line with the regulations, standards and best practice guidance. We continue to keep the governance and assurance arrangements in the corporate organisations under review to ensure safe, effective, compassionate and well-led.

Footnotes

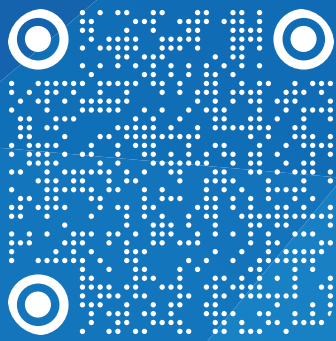
¹ Larger providers - Those who have 3 or more registered dental practices

² The legislative framework in relation to the Independent Healthcare Regulations 2011 amendment can be found at the following link:

www.legislation.gov.uk/nisr/2011/17/regulation/2/made

³ Enforcement action - Where RQIA identifies concerns in relation to a service - whether through its regulatory activity or other intelligence sources (including information from care staff, service users or family members) additional inspections may take place. In addition, where necessary, enforcement action may also take place to ensure the safety and wellbeing of service users. Prior to the issue of an enforcement notice RQIA meets with the service provider to detail its concerns, and advises the provider that RQIA publishes details of all enforcement notices on its website to ensure patients/ service users are aware of any issues within a registered service.







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