

# Dental Inspection Update

Learning from previous year and changes to inspection  
programme  
April 2022

## Mr Stephen O' Connor

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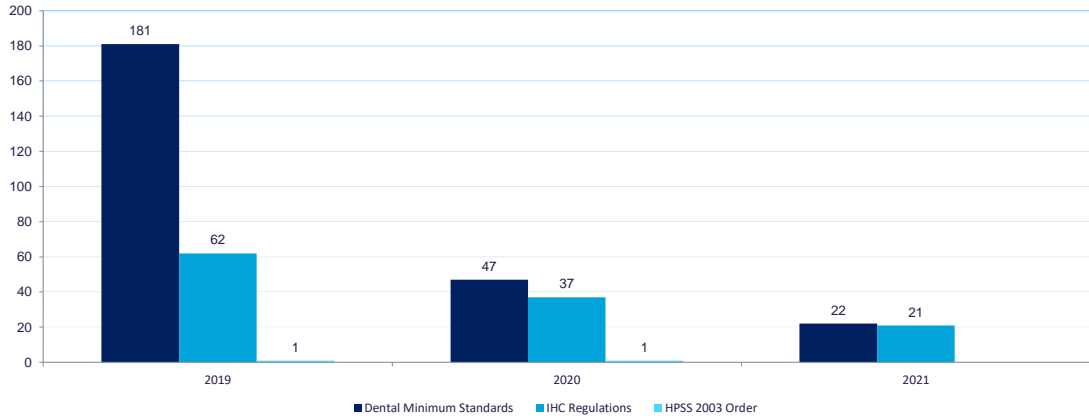
## What we will cover

- Welcome & Introduction
- Reflections on the 2021/22 inspection year
- Changes in Fees & Frequencies regs
- Legislative responsibilities
- Upcoming inspection focus

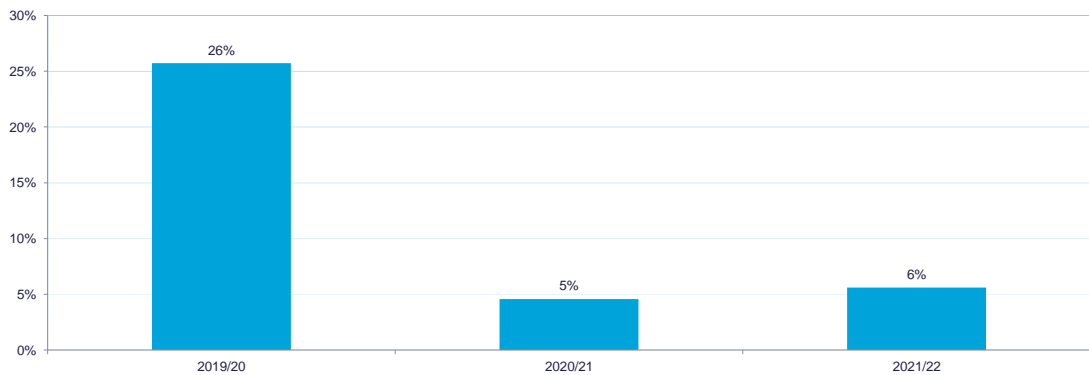
## Reflections on 2021/22 inspections

- 376 dental practices registered (as of 20 April 2022)
- 329 inspections undertaken during 2021/22
- Those not inspected in 21/22 to be inspected first quarter of the 2022/23
- 18 dental practices had areas for improvement in 21/22
- High level of compliance with HSCB operational guidance
- Good systems in place to disseminate information to staff

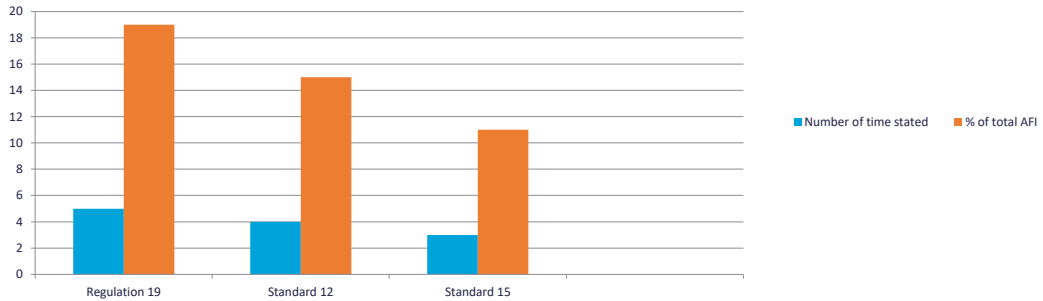
## Regulations and Standards Stated on inspection 01.01.2019 - 31.12.2021



## Change in proportion of Dental Practices with Areas for Improvement Stated between 01.04.2019 - 31.03.2022



## Most frequently stated Areas for Improvement during 2021/22



[The Independent Health Care Regulations \(Northern Ireland\) 2005 Minimum Standards for Dental Care and Treatment \(March 2011\)](#)



## What's new?

- The Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2022 will be in effect from 1 May 2022.
- Minimum inspection frequency has changed to a minimum of one inspection in every 24 month period.
- RQIA inspection year commences on the first April each year and concludes on 31 March the following year.

## Inspection scheduling

- Visit 50 % of registered dental practices during the 2022/23 inspection year and remaining during the 2023/24.
- Routine inspections will continue to be announced, however we may undertake announced and unannounced inspections more frequently as needed
- We monitor intelligence such as concerns and whistleblowing to inform inspection plans
- Where corporate bodies operate multiple practices we will aim to inspect half of those in year one with the remaining in year two.

## Inspection scheduling

- Provider guidance is available on our website.
- Factors we may consider when scheduling inspections are:
  1. A change of entity operating the practice; variations to registration.
  2. Responsible individual and registered manager applications.
  3. Recently appointed responsible individuals/registered managers.
  4. Areas for improvement made during the 2021/22 inspection year.

## Legislative responsibilities

These are areas that we find most often require improvement.

1. Recruitment and selection
2. Conscious sedation
3. Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 known as IR(ME)R
4. Staff training
5. Fitness of the premises
6. Regulation 26 unannounced visits
7. External courses
8. Management of complaints.

## Recruitment and selection

1. Regulation 19 (2), Schedule 2, as amended of [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) specifies the recruitment and selection documents that must be retained.
2. Recruitment records must be retained for three years from the date of last entry.
3. AccessNI enhanced disclosure checks, for all new staff employees or self-employed. Enhanced disclosure checks are always required.
  - I. The registered persons must ensure enhanced disclosure checks are reviewed prior to new staff commencing work.
  - II. For all staff involved in '**regulated activity**' their enhanced disclosure check must be checked against the barred list.

## Recruitment and selection

- Guidance in relation to ‘regulated activity’ can be found below:
  1. [Regulated Activity in relation to Children](#)
  2. [Regulated activity \(adults\)](#)
- References - [Guidance on the Management of Pre-employment References \(March 2018\)](#).
- A staff register as specified with Schedule 3 (6) of the 2005 Regulations must be maintained and up to date.

## Conscious sedation

- The guidance that we use to inspect against is the [Conscious Sedation In The Provision of Dental Care \(2003\)](#).
- However, we would strongly suggest that you strive to adhere to more recent guidance such as:
  1. [Conscious Sedation in Dentistry, Dental Clinical Guidance \(June 2017\)](#)
  2. [Standards for Conscious Sedation in the Provision of Dental Care \(2020\)](#)

# Conscious sedation

- Visiting staff such as anaesthetists – full recruitment and selection records must be available for all visiting staff.
- Practising privileges agreements or agreements must be in place for all visiting staff, this must include the individuals scope of practice.
- The arrangements concerning visiting professionals must be detailed in your conscious sedation policy and include equipment and medicines used during treatments.
- Training records for visiting professionals must be maintained in accordance with legislation.

## [The Ionising Radiation \(Medical Exposure\) Regulations \(Northern Ireland\) 2018](#) known as IR(ME)R

- the 'Employer' must ensure that written procedures are in place in respect of (a) those matters described in Schedule 2.
- Schedule 2 (1)
  - The employer's written procedures for exposures must include procedures (b) to identify individuals entitled to act as referrer or practitioner or operator within a specified scope of practice;
  - The above is applicable to responsible individuals for multiple dental practices.
  - The 'Employer' (responsible individual) must ensure that their employers procedures outline the arrangements for entitlement, to include who they have nominated to entitle other GDC registrants in the practice to act as duty holders.



## Staff training

- Regulation 18 (1) the responsibility of the registered persons to ensure that there is at all times an appropriate number of suitably qualified, skilled and experienced staff available.
- Regulation 18 (2) (a) the responsibility of the registered persons to ensure staff receive mandatory training and other appropriate training, supervision and appraisal.
- The registered persons must have a training policy which identifies mandatory training topics and the frequency of refresher training.
- The registered persons are responsible for maintaining a training matrix for all staff that work in the practice.

## Fitness of the premises

- Regulation 25 is about the fitness of the premises.
- The registered persons must ensure that risk assessments have been completed (fire and legionella).
- Arrangements must be in place to ensure all recommendations within risk assessments have been actioned and that risk assessments are reviewed within specified timeframes.
- Arrangements must be in place to ensure that systems are serviced and maintained (i.e. emergency lighting; electrical installation; portable appliance testing; fire detection system and fire fighting equipment; gas/oil heating system; medical gases; and passenger or stair lifts).

## Reg 26 unannounced 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, in accordance with Regulation 26 the responsible individual must ensure that arrangements are in place to undertake unannounced visits to the premises at least **six monthly**.
- The responsible individual may nominate another person (not the registered manager) to undertake these visits on their behalf.
- The report generated as a result of these visits must include actions to address any deficits identified; the person responsible and the timeframes.
- The report must be reviewed and signed by the individual who undertook the visit, the registered manager and the responsible individual.

## External courses



- Where a dental practice offers courses to the dental community that includes hands on dental care and treatment by course attendees the practice must retain the full recruitment records for all course attendees.
- **Any practice that offers courses should speak with their assigned inspector.**

# Management of complaints

- Must be managed in accordance with the 2005 Regulations; the minimum standards and the Department of Health (DoH) guidance [Guidance in relation to the Health and Social Care Complaints Procedure \(Updated April 2022\)](#)
- The complaints policy must outline the arrangements for private and HSC patients and that RQIA are an oversight body.
- A complaints register must be in place and a 12 month summary of complaints generated
- We would suggest that all complainants are signposted to the [Patient and Client Council \(PCC\)](#) for support.
- Ensure the contact details for external organisations such as RQIA, the Northern Ireland Public Service Ombudsman (NIPSO) and the GDC Dental Complaints Service are accurate and up to date.

# Management of complaints

## Pathway for HSC patients

- Local resolution
- Strategic Planning and Performance Group (SPPG), DoH (028 9536 3291)
- Northern Ireland Public Service Ombudsman (NIPSO), Progressive House, 33 Wellington Place, Belfast, BT1 6HN, Tel: 028 9023 3821

## Pathway for private patients

- Local resolution
- Dental Complaints Service, 37 Wimpole Street, London W1G 8DQ, Tel: 020 8253 0800

## Upcoming inspection focus

- Previous areas for improvement
- Infection prevention and control and decontamination arrangements
  - to include Covid-19 arrangements
- Recruitment and selection practices
- Staff training
- Medical emergencies
- Conscious sedation, if applicable
- Radiology and radiation safety
- Environmental safety
- Gathering views and opinions of patients
- Complaints and incident management arrangements
- Regulation 26 unannounced visits/reports by registered persons (if applicable)
- Quality assurance arrangements (clinical audit and peer review, sharing learning) and follow up of any other relevant intelligence

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Thank you