

Inspection Report

12 May 2023



Ballymena Dental Centre

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 38 Broughshane Street, Ballymena, BT43 6EB

Telephone number: 028 2565 2144

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

| | |
|---|---|
| Organisation/Registered Provider: Dental World 1 Limited | Registered Manager: Miss Alison Rae |
| Responsible Individual: Mrs Monica Shah | Date registered: 4 May 2023 |
| Person in charge at the time of inspection: Miss Alison Rae | Number of registered places: Three |
| Categories of care Independent Hospital (IH) – Dental Treatment | |
| Brief description of how the service operates: Ballymena Dental Centre 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, private and health service treatment and does not offer conscious sedation. Dental World 1 Limited is the registered provider for nine dental practices registered with RQIA. Mrs Monica Shah is the responsible individual for Dental World 1 Limited. | |

2.0 Inspection summary

This was a planned announced inspection; however, on arrival the inspectors found that Ballymena Dental Centre staff were unaware that an announced inspection was scheduled to take place on 12 May 2023. Miss Rae, Registered Manager, was not on site and was contacted by telephone. Miss Rae confirmed that she had not received prior notification of this scheduled inspection in line with RQIA's inspection methodology. Miss Rae was agreeable for the inspection to proceed and the inspection was undertaken by two care inspectors on 12 May 2023 from 11.15am to 1.45pm.

Following the inspection RQIA investigated the internal inspection notification process and established that there was an RQIA administrative error, the notification of inspection was issued by email to an email address that was no longer valid. RQIA would like to acknowledge that Miss Rae travelled to Ballymena Dental Centre to facilitate this inspection at very short notice.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

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

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Ballymena Dental Centre was undertaken on 29 November 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Miss Rae confirmed that she oversees the recruitment and selection of the dental team, and approves all staff appointments in conjunction with the operations manager, Dental World 1 Limited. Recruitment support is provided by Dental World 1 Limited's corporate human resources (HR) department. Miss Rae told us that the HR department develop job descriptions; induction documents, seek references and once an appointment has been confirmed, the HR department will issue a contract to newly appointed staff members. Discussion with Miss Rae confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of a sample of three personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

There was evidence that newly appointed dental staff received a contract of employment / agreement and induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

An overarching training matrix was in place as well as a record all training (including induction) and professional development activities undertaken by staff, which is overseen by Miss Rae to ensure that the dental team is suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Miss Rae confirmed that conscious sedation is not offered in Ballymena Dental Centre.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Miss Rae confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance.

The purpose of these audits is to assess compliance with 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. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination.

A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

During a tour of the practice, it was noted that cleaning products were not stored securely in line with current legislation and guidance. This was discussed with Miss Rae who moved the items to a locked store room.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. It was noted that the casing of the steriliser had rusted areas and thereby presents a surface that cannot be effectively cleaned. This was discussed with Miss Rae and following the inspection RQIA received confirmation from Miss Rae that this issue is being addressed.

Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

A review of training records and discussion with Miss Rae confirmed the dental team had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. Miss Rae demonstrated good knowledge and understanding of the decontamination process and was able to describe the equipment treated as single use and the equipment suitable for decontamination.

However, it was identified that dental hand pieces were not being processed through the washer disinfectant in keeping with the [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

It was confirmed that dental hand pieces are manually cleaned prior to sterilisation. Manual cleaning of hand pieces does not reflect recommendations within HTM 01-05: that is the use of a validated, automated method is considered best practice for reducing risk of contamination and rendering instruments safe for handling and inspection. Miss Rae informed us that the washer disinfectant was not compatible for the processing of dental hand-pieces, and in addition to this some of the older hand pieces are not compatible with washer disinfectant process.

Following the inspection Miss Rae informed RQIA that the service engineer company can adapt the washer disinfectant to enable the processing of dental hand pieces that are compatible with the washer disinfectant process. Miss Rae confirmed that costings are underway and she will keep RQIA updated in this matter. It was also confirmed that new dental handpieces compatible with the washer disinfectant process have been ordered.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The practice has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is an orthopan tomogram (OPG) machine, which is located in a separate room on the ground floor.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) had been appointed in line with legislation.

The arrangements regarding radiology and radiation safety were reviewed during the most recent RQIA inspection undertaken on 29 November 2021.

The appointed radiation protection advisor (RPA) must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. The next RPA visit is due November 2023. Miss Rae confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

The Employer has entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training in line with their scope of practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

It was identified that there were separate three complaints policies and procedures in place; one for HSC patients; one for private patients and an overarching policy combining information for HSC and private patients. Miss Rae advised that patients who submit a complaint will receive a copy of the complaints policy from the Dental World 1 Limited head office. Complaints management was discussed with Miss Rae who advised that Dental World 1 Limited had identified the need to implement a corporate complaints policy and procedures and has already scheduled meetings to finalise the corporate approach in providing a complaints policy.

Miss Rae provided assurance that in the interim patients who wish to submit a complaint are supported and provided with relevant information that provides clear instructions for the patients and staff to follow. Patients and/or their representatives are made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints received since the previous RQIA inspection, evidenced that complaints have been managed in accordance with best practice guidance.

A complaints log was in place and ongoing audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Miss Rae confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Miss Rae confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business 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, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Miss Rae is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. Mrs Monica Shah is the responsible individual for Dental World 1 Limited and she nominates a member of the senior management team to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation.

Reports of the unannounced monitoring visits along with any identified actions were available for inspection. The most recent visit was conducted by the operations manager, Dental World 1 Limited in January 2023. Arrangements were in place to provide copies of these reports to Mrs Shah to enable them to monitor progress with the identified actions.

5.3 Does the dental team have suitable arrangements in place to record 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 reviewed. It was demonstrated that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 0 |

This inspection resulted in no areas for improvements being identified. Findings of the inspection were discussed with Miss Rae, Registered Manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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