

Inspection Report

8 May 2024



Ballymena Dental Care Ltd

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

Address: 125 Broughshane Street, Ballymena, BT43 6EE

Telephone number: 028 2565 6444

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: Ballymena Dental Care Ltd	Registered Manager: Ms Linda McVey
Responsible Individual: Ms Linda McVey	Date registered: 21 April 2022
Person in charge at the time of inspection: Ms Linda McVey	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Ballymena Dental Care Ltd 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 two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 8 May 2024 from 10.00 am to 2.00 pm.

It focused on the themes for the 2024/25 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 staff training; management of medical emergencies; 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.

Three areas for improvement have been identified against the regulations to ensure; the provision of written references for new staff members; the repair of a dental surgery chair upholstery and items of cabinetry; and that a risk assessment is in place stating the protective measures for any clinical staff member who has not completed the Hepatitis B vaccination programme.

One area for improvement has been identified against the standards to ensure that a risk assessment is undertaken and documented by any dentist who does not use safer sharps.

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 patient questionnaires were received prior to the inspection.

Two staff submitted questionnaire responses. Both staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Both respondents indicated that they were very satisfied or satisfied with each of these areas of patient care.

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 Ltd was undertaken on 22 July 2022; 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.

Ms McVey oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms McVey confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A staff register was in place which was noted to be up to date and included all the required information, with the exception of the staff members' date of birth. This was discussed with Ms McVey and following the inspection RQIA received confirmation that the staff register had been further developed in this regard. Ms McVey was aware that the staff register is a live document and should be updated and amended as and when required.

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of a sample of personnel files of three newly recruited staff evidenced, that in the main, relevant recruitment records had been sought; reviewed and stored as required. It was identified that only one written reference was in place for one new staff member. This was discussed with Ms McVey who informed us that two references had been sought however only one of the referees contacted had provided a written reference. Advice was provided in relation to the action to take and records to retain should a written reference not be forthcoming. A discussion also took place regarding the provision of written references for prospective new staff members. Ms McVey was advised that references received by email should be retained in a format to evidence that the reference has been provided by the referee as requested by Ballymena Dental Care Ltd. An area for improvement has been made against the regulations to ensure two written references are in place for any new staff member prior to commencement of employment at the practice.

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.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

Dental practices are required to maintain a record of rostered shifts and a record of hours worked by each person. This was discussed with Ms McVey and following the inspection RQIA received confirmation that a 'staff rota' had been implemented.

Addressing the area for improvement will ensure that 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.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Ms McVey, 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. A pocket mask was not retained with the emergency equipment and this was discussed with Ms McVey. Following the inspection RQIA received confirmation that two pocket masks had been ordered for the practice.

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 aware of the actions to take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

As a result of actions taken following the inspection it was demonstrated that 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.

Ms McVey confirmed that conscious sedation is not offered in Ballymena Dental Practice Ltd.

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. Ms McVey 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 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. It was noted that in an identified surgery there was a tear in the dental chair upholstery; a cabinet door was missing and a drawer front was in need of repair. These areas are not in keeping with infection control best practice and should be made good. An area for improvement has been made against the regulations in this regard.

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.

It was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;'. Ms McVey confirmed that it is the responsibility of the primary user of sharps to safely dispose of them. A sharps risk assessments was not in place for each dentist to indicate the steps taken by the individual dentist to reduce the risk of sharps injuries occurring. An area for improvement was/has been made against the regulations to ensure a risk assessment is undertaken and documented by any dentist who does not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ms McVey was advised that the use of safer sharps should be considered.

The 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. It was noted that one clinical staff member had not completed their Hepatitis B vaccination programme. A discussion took place regarding measures that should be in place for a clinical staff member who has either not completed the Hepatitis B vaccination programme or may be a Hepatitis B vaccine “non-responder”. Ms McVey was advised that a risk assessment should be in place to reduce the risks from exposure prone procedures (EPPs) and appropriate measures put in place to protect the individual. Following the inspection RQIA received confirmation that a risk assessment had been undertaken for the identified staff member. An area for improvement has been made against the regulations to ensure that, where applicable, a risk assessment is in place from commencement of employment at the practice, to reduce the risks from exposure prone procedures and appropriate measures to protect the individual.

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.

Addressing the areas for improvement identified will strengthen the IPC arrangements and ensure the dental team apply 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. 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.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

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 Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed 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. It was confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent reports generated by the RPA (dated 27 October 2021 and 25 May 2022) evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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.

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.

It was identified that x-ray equipment had not been subject to annual servicing, this was discussed with Ms McVey who provided assurances that the x-ray equipment would be serviced at the earliest opportunity and on an annual basis thereafter. Following the inspection RQIA received confirmation that the x-ray equipment was serviced on 24 May 2024.

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.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Ms McVey was advised that the policy should be updated to reflect that the Health and Social Care Board (HSCB) is now known as The Strategic Planning and Advisory Group (SPPG) and to include RQIA's current address. Following the inspection RQIA received confirmation that the complaints policy had been updated in this regard. 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.

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 evidenced that complaints had been managed in accordance with best practice guidance.

Discussion with Ms McVey confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms McVey 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.

Ms McVey was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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 discussed with Ms McVey.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#) .

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the QIP were discussed with Ms Linda McVey as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with <u>The Independent Health Care Regulations (Northern Ireland) 2005</u>	
Area for improvement 1 Ref: Regulation 19 (1) (d) Stated: First time To be completed by: 8 May 2024	The responsible individual shall ensure two written references are in place for any new staff member prior to commencement of employment at the practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: New procedures for any new members of staff as follows:- References will be requested at the same time Access NI is being done. Reminders on outlook calendar daily and weekly Any new staff members will not be permitted to start until the references are received.
Area for improvement 2 Ref: Regulation 15 (2) Stated: First time To be completed by: 8 July 2024	The responsible individual shall ensure that following areas noted in an identified dental surgery are addressed; <ul style="list-style-type: none"> the dental chair is re-upholstered to provide an intact surface; the missing cabinetry door is replaced and the drawer front is repaired Ref: 5.2.5
	Response by registered person detailing the actions taken: The new chair covering has been order from WJ Medical Services the cabinetry doors have been repaired
Area for improvement 3 Ref: Regulation 15 (7) Stated: First time To be completed by: 8 May 2024	The responsible individual shall ensure that where a clinical staff member has not completed the Hepatitis B vaccination programme or may be a Hepatitis B vaccine "non-responder", a risk assessment is in place to reduce the risks from exposure prone procedures from commencement of employment in the practice and appropriate measures implemented to protect the individual. Ref: 5.2.5
	Response by registered person detailing the actions taken: A risk assessment with be completed for any new staff members and a copy retained in their personell folder additional PPE is available at the surgery such has heavy duty gloves

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 8.5 Stated: First time To be completed by: 30 May 2024	The responsible individual shall ensure a risk assessment is undertaken and documented by any dentist who does not use safer sharps; any areas for improvement within the risk assessment should be addressed. Ref: 5.2.5
	Response by registered person detailing the actions taken: A risk assessment has been completed for clinical staff using a jenker. Stating that the jenker should only be used by the dentist and never by the nurse. The clinician should use due care and attention when using this device. The jenker should be used in accordance with the manufacturer's instructions.

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



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

Assurance, Challenge and Improvement in Health and Social Care