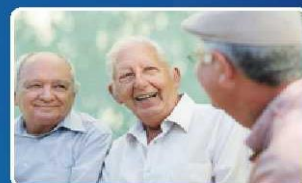


# Inspection Report

21 October 2024



## Bowen Dental (Stewartstown Road)

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

Address: 25 Stewartstown Road, Belfast, BT11 9FY

Telephone number: 028 9028 3800

[www.rqia.org.uk](http://www.rqia.org.uk)

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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

<b>Organisation/Registered Provider:</b> Mr David Bowen	<b>Registered Manager:</b> Ms Francine Doyle  <b>Date registered:</b> 10 September 2012
<b>Person in charge at the time of inspection:</b> Mr David Bowen	<b>Number of registered places:</b> Two
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Bowen Dental (Stewartstown Road) 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 (HSC) and does not offer conscious sedation.  Mr David Bowen is the registered person for Bowen Dental (Stewartstown Road) and for Twin Spires Dental Surgery which is also registered with RQIA.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 21 October 2024 from 10.00 am to 1.00 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during and since the last care inspection.

There was evidence of good practice in relation to staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been made against the regulations with regards to the recruitment and selection of staff; this is discussed further in section 5.2.2.

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 patients submitted responses.

One staff member submitted a questionnaire response and indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patient care. The response did not include a comment.

### 5.0 The inspection

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

Areas for improvement from the last inspection on 6 September 2022		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 18 (2) (a) <b>Stated:</b> First time	The responsible individual shall ensure that staff undertake fire safety and safeguarding adults, children and young people refresher training and where relevant, clinical staff should complete radiography training. Measures should be put in place to ensure mandatory training is kept up to date.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.2.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 (5)  <b>Stated:</b> First time	The responsible individual shall ensure that a report of the six monthly unannounced quality monitoring visits undertaken by the responsible individual are retained and available for inspection. A copy of the most recent monitoring visit report should be submitted to RQIA upon return of this QIP.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 25 (4) (f)  <b>Stated:</b> First time	The responsible individual shall ensure the fire risk assessment is retained on site and available for inspection. A copy of the most recent fire risk assessment should be submitted to RQIA upon return of the QIP.  <b>Action taken as confirmed during the inspection:</b> The fire risk assessment was available for inspection therefore this area for improvement has been assessed as met.	<b>Met</b>
<b>Action required to ensure compliance with <a href="#">The Minimum Standards for Dental Care and Treatment (2011)</a></b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The responsible individual shall ensure the rusted casing of the identified steriliser is made good to provide an intact surface in keeping with infection prevention and control best practice guidance.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.6.	<b>Met</b>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The responsible individual shall ensure the COVID-19 policies and procedures are updated and are reflective of the current Health and Social Care guidance at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.5.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The responsible individual shall ensure FFP3 fit testing records are retained in the dental practice and available for inspection. A copy of FFP3 fit testing records should be provided to RQIA upon submission of this QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that, following the previous inspection, staff FFP3 fit testing records were provided to RQIA.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	The responsible individual shall provide evidence that the practice has registered any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A copy should be submitted to RQIA on return of this QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.7.	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time	The responsible individual shall ensure that the recommendations made following the three yearly quality assurance test report generated by the radiation protection advisor, dated 26 May 2022, is completed by the radiation protection supervisor to confirm that the recommendations have been addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.7.	

## 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.

Mr Bowen oversees the recruitment and selection of the dental team, approves all staff appointments and is supported by Ms Doyle.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection.

During the inspection it was identified that not all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 had been sought and retained in respect of both of the newly recruited staff members. This was discussed with Mr Bowen and Ms Doyle and on 24 October 2024 evidence was received by RQIA that all of the required recruitment documentation had been sought and retained in the respective recruitment files.

It was evidenced that enhanced AccessNI disclosure checks had been undertaken for both staff. However, one of the checks had been completed after the commencement of employment. An area for improvement against the regulations has been made in this regard.

Advice and guidance was provided to Mr Bowen and Ms Doyle to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new staff members recruited in the future.

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.

Addressing the area for improvement as outlined above will ensure that 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.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Ms Doyle to ensure that the dental team is suitably skilled and qualified. A review of training records and discussion with staff confirmed that all staff have undertaken training in line with the RQIA [training guidance](#) and training records were kept up to date therefore the area for improvement 1 made against the regulations as a result of the previous inspection has been met.

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.

Advice and guidance was provided to Mr Bowen and Ms Doyle regarding the storage arrangements of Glucagon medication.

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.

As a result of the action taken during the inspection, it is determined 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.

Mr Bowen confirmed that conscious sedation is not offered in Bowen Dental (Stewartstown Road).

#### **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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr Bowen. It was confirmed that arrangements are in place 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](#).

Ms Doyle regularly checks Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard. It was confirmed that COVID-19 policies and procedures had been updated and were reflective of the current Health and Social Care guidance therefore, the area for improvement 2 made against the standards as a result of the previous inspection has been met.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr Bowen 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.

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 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. It was evidenced that the annual validation of equipment has been scheduled with an engineer for 14 November 2024. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

The rust on the casing of the steriliser observed during the previous inspection had been made good therefore, the area for improvement 1 made against the standards as a result of the previous inspection has been met.

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 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 therefore, the area for improvement 4 made against the standards as a result of the previous inspection has been met.

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.

Mr Bowen confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA dated 26 May 2022 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned therefore, the area for improvement 5 made against the standards as a result of the previous inspection has been met.

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.

X-ray warning signage was not on display at entrance to one surgery in keeping with legislation. This was brought to the attention of Mr Bowen who provided RQIA with assurances that this matter would be addressed as priority following the inspection.

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.

Evidence of recent servicing of the x-ray equipment was not available at the time of inspection. This was brought to the attention of Ms Doyle and following the inspection, certificates were made available to RQIA, confirming that electrical and mechanical checks had since been undertaken by an engineer on 23 October 2024.

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

### **5.2.8 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. 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 confirmed that no complaints had been received since the previous inspection.

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

**5.2.9 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 Doyle 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. Mr Bowen monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The report of the most recent visit on 30 July 2024 was available for inspection therefore, the area for improvement 2 made against the regulations as a result of the previous inspection has been met.

**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 Mr Bowen.

**6.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#).

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mr Bowen, Registered Person, and Ms Doyle, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2024	<p>The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to the date of commencement for any person who is to commence work in the future.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Action has been taken</p>

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



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