

Inspection Report

15 March 2022



A B Dental Surgeries Glengormley

Type of service: Independent Hospital (IH) – Dental Treatment
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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: Miss Lillian Armstrong	Registered Manager: Mr James Byrne Date registered: 11 July 2013
Person in charge at the time of inspection: Miss Lillian Armstrong	Number of registered places: One
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: AB Dental Surgeries Glengormley 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 one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation. Miss Lillian Armstrong is the registered provider for two dental practices registered with RQIA; AB Dental Surgeries Glengormley and Belvoir Dental Care.	

2.0 Inspection summary

This was an announced inspection undertaken by a care inspector on 15 March 2022 from 2.15pm to 3.30pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

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

One area for improvement has been made against the regulations in relation to staff training and one area for improvement has been made against the standards in relation to the retention of Hepatitis B immunisation status records for clinical staff.

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 practice?

We issued posters to the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire.

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

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to AB Dental Surgeries Glengormley was undertaken on 25 March 2021; no areas for improvement were identified

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

There were robust recruitment and selection policies and procedures, that adhered to legislation and best practice, that ensured suitably skilled and qualified staff work in the practice.

Miss Armstrong told us that no new staff members had been recruited during the past three years and that there were no plans to recruit in the near future. Miss Armstrong stated that she is responsible for the recruitment and selection of new members to the dental team and would approve any new staff appointments. Discussion with Miss Armstrong confirmed that she had a clear understanding of the legislation and best practice guidance.

As outlined within the regulations, dental practices are required to maintain a staff register. It was noted that a staff list was available that included information of the current staff working in the practice. Miss Armstrong was advised that the staff register is a live document that should contain specific information of all staff members who have worked in the practice since registration with RQIA. Miss Armstrong stated that all the required information was available and confirmed that this would be collated and recorded in a live staff register.

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 a member 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.

The recruitment of the dental team complies with the legislation and best practice guidance.

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

Staff training arrangements were reviewed to ensure that there are appropriately skilled and qualified staff involved in the delivery of services.

A policy and procedure was in place that outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA. However it was identified that limited staff training records were available for review; these included the management of medical emergency training records for all staff and evidence of fire drills being attended by staff. A discussion took place with Miss Armstrong regarding the need for retaining evidence to verify the completion of mandatory training as outlined in the RQIA training guidance. Miss Armstrong told us that she is assured that staff complete continuing professional development (CPD) training in keeping with their registration body the General Dental Council (GDC). Miss Armstrong was advised that whilst it is the responsibility of GDC registrants to keep up to date with their CPD activities, the CPD learning activities do not always meet RQIA training requirements. Miss Armstrong was advised that training records should be in place in relation to the following areas; infection prevention and control (IPC); radiology and radiation safety; safeguarding adults, children and young people and fire safety awareness, as outlined in the RQIA training guidance. An area for improvement has been made against the regulations to ensure that all staff undertake training in accordance with the RQIA training guidance and that training records are retained and are available for inspection.

It was evidenced that sufficient staff were in place to meet the needs of patients. Addressing the area for improvement made will further ensure safe staffing arrangements are in place.

5.2.3 Is the practice fully equipped and are 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.

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

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency training on 16 February 2021. There was written confirmation that medical emergency refresher training is booked to take place on 28 April 2022 and will be attended by all staff members.

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 are trained to manage a medical emergency in compliance with legislative requirements, 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 Armstrong confirmed that conscious sedation is not offered in AB Dental Surgeries Glengormley.

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 were comprehensive and reflected legislation and best practice guidance in all areas. Miss Armstrong told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. We were informed that the lead had undertaken IPC and decontamination training in line with their CPD, as previously discussed training certificates and records should be retained 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 were fully 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 undertaken six monthly by members of the dental team to self-assess compliance with best practice guidance. The purpose of this audit 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 the most recently completed audit evidenced that the IPS 2013 audit tool had not been used. Miss Armstrong told us she had difficulty sourcing the electronic version of the IPS 2013 audit tool template and rather than not completing an audit, she had used an alternative National Health Service (NHS) IPC dental audit tool. Miss Armstrong is to be commended for being proactive in her quest to complete the six monthly IPC audit. Following the inspection Miss Armstrong was provided with an electronic link to access the correct IPS 2013 audit tool template for completion.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. Miss Armstrong confirmed that all relevant members of the dental team have received this vaccination. However records were not retained in this regard. An area for improvement has been made against the standards to ensure records are retained regarding the Hepatitis B immunisation status of clinical staff.

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. As previously discussed training certificates and records should be retained as evidence.

IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff. Addressing the area for improvement made will further strengthen the IPC arrangements.

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.

There were 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. The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance.

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. As previously discussed training certificates and records should be retained as evidence.

Staff 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?

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and 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 concerning 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 equipment inventory evidenced that the practice has one surgery which has an intra-oral x-ray machine. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

A copy of the local rules was on display near the x-ray machine 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.

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 Miss Armstrong as the Employer and RPS had entitled the dental team to undertake specific roles and responsibilities associated with radiology. Miss Armstrong oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. As previously identified records were not in place to evidence that staff had completed appropriate training in radiography and radiation safety.

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. The most recent report generated by the RPA, dated 18 July 2019, evidenced that the x-ray equipment had been examined and any recommendations made had been actioned. Miss Armstrong confirmed that no new x-ray equipment has been installed since the most recent RPA report.

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 robust procedures are in place to ensure that appropriate x-rays are taken safely.

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

5.2.10 Are complaints being effectively managed?

The arrangements for the management of complaints were reviewed to ensure that complaints 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.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation and best practice guidance.

5.2.11 Additional areas examined

It was confirmed that a legionella risk assessment had been undertaken by an external organisation. A review of records demonstrated that all control measures to reduce the risk of legionella have been routinely undertaken on an ongoing basis. Miss Armstrong was advised to ensure the legionella risk assessment is reviewed every two years with a record maintained in this regard.

A review of the fire risk assessment evidenced that it had last been reviewed during January 2022. Records were available to evidence that fire drills had been completed six monthly and that routine fire safety checks were undertaken. Discussion with staff demonstrated that they were aware of the action to take in the event of a fire.

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 Miss Armstrong and staff. It was demonstrated 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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Miss Armstrong, Registered Person, 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 The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time To be completed by: 18 April 2022	The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained and are available for inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 11.2 Stated: First time To be completed by: 18 April 2022	The registered person shall ensure records are retained regarding the Hepatitis B immunisation status of clinical staff. Ref: 5.2.5
	Response by registered person detailing the actions taken:

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



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