

Inspection Report

27 February 2024



Ards Dental Practice

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

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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

Organisation/Registered Provider: Den.Co.Down Ltd	Registered Manager: Ms Alison Rainey
Responsible Individual: Ms Anne Abraham	Date registered: 14 June 2012
Person in charge at the time of inspection: Ms Alison Rainey	Number of registered places: Three increasing to four follow this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>Ards Dental Practice 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 care treatment without sedation.</p> <p>Den.Co.Down Ltd is the registered provider for two dental practices registered with RQIA. Ms Anne Abraham is the responsible individual for Den.Co.Down Ltd.</p> <p>A variation to registration application was submitted to RQIA to increase the number of dental chairs from three to four. This is discussed further in section 5.4 of this report.</p>	

2.0 Inspection summary

This was an announced primary and variation to registration inspection, undertaken by a care inspector on 27 February 2024 from 10.10 am to 3.00 pm.

The inspection was facilitated by Ms Rainey, Registered Manager, and one of the dental nurses.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified during the last care inspection. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the dental chairs from three to four.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and they will inform Ms Abraham, Responsible Individual, of the outcome in due course.

There was evidence of good practice in relation to the recruitment and selection of staff; 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.

The variation to registration application to increase the number of chairs from three to four was approved from a care perspective following this inspection. Ms Rainey is aware that the overall variation to registration application can only be approved subject to approval from both a care and estates perspective.

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 Ards Dental Practice was undertaken on 27 October 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 Abraham oversees the recruitment and selection of the dental team, she approves all staff appointments and is supported by Ms Rainey, Registered Manager. Discussion with Ms Rainey confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required, with the exception of one staff member's reasons for leaving previous employment. It was also identified that a contract of employment, induction and job description were not in place for another staff member. These matters were discussed with Ms Rainey and following the inspection, RQIA received confirmation that these matters had been addressed. It was further identified that the AccessNI disclosure certificates for the newly recruited staff members, had been retained on file. Ms Rainey was advised to review the storage of AccessNI disclosure certificates in line with the AccessNI code of practice. Ms Rainey was advised to keep a log of all Access NI checks undertaken to include the name of the applicant, the date the AccessNI check was applied for, the date it was received and the outcome of the assessment of the check, which is signed by the registered manager. Ms Rainey was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

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.

As a result of the actions taken, it is determined 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 the registered manager, 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.

A review of the emergency medicines identified that the Buccolam, a medication used for the treatment of seizures, was available in 2.5mg and 10mg pre-filled syringes. It was noted that the 2.5mg pre-filled syringes had exceeded their expiry date. It was also identified that the doses of Buccolam available, were not adequate to administer all of the required doses in the event of a medical emergency. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed.

It was also identified that the Glucagon, a medication used for the treatment of hypoglycaemia, was being stored in the fridge. The manufacturer's guidance for Glucagon storage advises that it can be stored in the fridge between two and eight degrees Celsius, or if stored at room temperature, a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist. A review of the fridge temperature log could not confirm that fridge temperatures had not exceeded the two to eight degree Celsius range as recommended by the manufacturer's guidance. This was discussed with Ms Rainey and following the inspection, RQIA received confirmation that the Glucagon medication was now being stored out of the fridge and the expiry date had been adjusted accordingly.

In the main, systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. Ms Rainey was advised to ensure that all emergency medicines and medical emergency equipment were listed with their expiry dates. Ms Rainey was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

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 actions taken, it is determined that sufficient emergency medicines and equipment are 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 Rainey confirmed that conscious sedation is not offered in Ards Dental Practice.

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

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. It was 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. However, it was noted that the upholstery on one of the dental chairs was in need of some minor repairs. This was discussed with Ms Rainey and following the inspection, RQIA received confirmation that this matter would be addressed. It was also noted that the body spillage kit had exceeded its expiry date. This was discussed with Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed. 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 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. A review of this information identified that it was not in keeping with the most recent 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](#). This was discussed with Ms Rainey and advice given to update the COVID-19 policies to reflect the most recent guidance. Following the inspection, RQIA received confirmation that this matter had been addressed.

The management of operations was discussed with members of the dental team and 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.

As a result of the action taken, it is determined that the COVID-19 arrangements and procedures in place, will ensure that 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 now has four 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.

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 identified that the Employer had, in the main, entitled the dental team to undertake specific roles and responsibilities associated with radiology, with the exception of some of the dental nurses. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed. It was also confirmed 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.

A critical examination and acceptance test for the new intra-oral x-ray was undertaken on 22 January 2024. A critical examination and acceptance test report had been generated by the RPA on 31 January 2024 and contained one recommendation. It was noted that this recommendation had not been signed as actioned by the RPS. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed.

The most recent report generated by the RPA on 3 July 2023, in relation to the existing three intra-oral x-ray machines, evidenced that the x-ray equipment had been examined, however it was noted that the recommendations made by the RPA, had not been signed as actioned. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed.

A copy of the local rules was on display near each x-ray machine observed, however it was identified that not all appropriate staff had signed to confirm that they had read and understood these. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed. 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 noted that the annual justification and clinical evaluation audits had not been completed for two of the dentists in the practice. This was brought to the attention of Ms Rainey and following the inspection RQIA received confirmation that this matter had been addressed. It was also noted that the six-monthly x-ray quality audits for two dentists had not been completed. This was brought to the attention of Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed.

As a result of the actions taken, it is determined that radiology and radiation safety arrangements and 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. 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. Advice was given to complete a complaints audit, when appropriate, to identify trends, drive quality improvement and to enhance service provision. Ms Rainey was receptive to this advice.

Discussion with Ms Rainey confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Rainey 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 Rainey confirmed that Ms Abraham attends the practice on a daily basis therefore the unannounced quality monitoring visits 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 Rainey.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice. It was confirmed that arrangements are in place to implement the collection of equality data within Ards Dental Practice.

5.4 Is the new dental surgery fully equipped to provide private dental care and treatment?

A review of the new surgery found that the surgery was clean, tidy, uncluttered and that work surfaces were intact and easy to clean.

The flooring in the new surgery was impervious, however it was identified that it was not sealed where it met the walls. This was discussed with Ms Rainey and following the inspection, RQIA received confirmation that this matter had been addressed.

A dedicated hand washing basin was available and hand hygiene signage was displayed in the new surgery.

It was confirmed that the newly installed dental chair dental unit water lines (DUWL) will be managed in keeping with the manufacturer's instructions and a commissioning certificate for the dental chair in the new surgery was in place.

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new surgery and that there is sufficient supply of reusable dental instruments to meet the demands of the new surgery.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

As a result of the action taken, it is determined that the new dental surgery has been finished to a good standard and is fully equipped to provide private dental care and treatment.

The outcome of the application will be discussed with Ms Abraham in due course when it has been approved from both a care and estates perspective.

5.5 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The statement of purpose had been updated to reflect any changes detailed in the variation to registration application.

Ms Rainey is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.6 Is the patient guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was available in a recognised format, however it was identified that it did not reflect all of the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Rainey was given advice to further develop the patient guide to reflect a summary of the statement of purpose, a summary of the review of the quality of treatment (completed in consultation with patients) would be undertaken on an annual basis, the address and telephone number of RQIA and information as to how the most recent RQIA report can be obtained. Following the inspection, RQIA received confirmation that this matter had been addressed.

Ms Rainey is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Rainey, Registered Manager, and the dental nurse, as part of the inspection process and can be found in the main body of the report.



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