

Inspection Report

17 December 2024



Armagh Orthodontic Clinic Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: Gillis Terrace, Loughgall Road, Armagh, BT61 7NX
Telephone number: 028 3752 5665

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: Armagh Orthodontic Clinic Ltd	Registered Manager: Miss Jane Gormley
Responsible Individual: Miss Jane Gormley	Date registered: 3 January 2013
Person in charge at the time of inspection: Miss Jane Gormley	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Armagh Orthodontic Clinic 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 17 December 2024 from 10.00 am to 1.45 pm.

It focused on the themes for the 2024/25 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; infection prevention and control; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the standards with regards to fire safety training for members of the dental team.

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

3.0 How we inspect

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

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

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

4.0 What people told us about the care and treatment?

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

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

5.0 The inspection

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

The last inspection to Armagh Orthodontic Clinic Ltd was undertaken on 18 August 2022; no areas for improvement were identified.

5.2 Inspection findings

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

Review of the recruitment and selection policies and procedures in place identified that minor amendments were required in keeping with legislation and best practice guidance. Advice and guidance was provided to Miss Gormley in this regard.

Miss Gormley oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Miss Gormley confirmed that she had an understanding of the legislation and best practice guidance.

A review of the staff register and discussion with Miss Gormley evidenced that a number of new staff had been recruited since the previous inspection. A review of a sample of personnel

files of newly recruited staff evidenced that in the main relevant recruitment records had been sought; reviewed and stored as required.

Advice and guidance was provided to Miss Gormley to strengthen the recruitment processes, and following the inspection supporting documentation was shared with the practice in this regard.

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.

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

Addressing the advice and guidance provided will ensure 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.

Records were available to review in relation to training and professional development activities undertaken by some of the staff who work in the practice. Advice and guidance was provided to Miss Gormley to maintain a record of all staff training undertaken, to include all members of the dental team, in keeping with RQIA training guidance and continuing professional development (CPD). Records confirming that members of the dental team had undertaken fire safety training were not available for review during the inspection. An area for improvement has been made against the standards in this regard.

Addressing the area for improvement and advice provided will ensure documentation is in place to confirm that 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 are immediately available as specified and do not exceed their expiry dates. Advice and guidance was provided to Miss Gormley in keeping with the Resuscitation Council (UK) specifications with regards to medical emergency equipment.

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.

Miss Gormley is aware that members of the dental team should be able to describe the actions they would take, in the event of a medical emergency, and be familiar with the location of medical emergency medicines and equipment.

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

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

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

Miss Gormley confirmed that conscious sedation is not offered in Armagh Orthodontic Clinic 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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Miss Gormley. 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. Miss Gormley is aware that Department of Health (DoH) websites are accessible for further advisory information, guidance and alerts in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Miss Gormley confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice.

During a tour of some areas of the practice, it was observed that the decontamination area was clean, tidy and uncluttered. The 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 an annual basis and Miss Gormley was advised that these are to be undertaken six monthly. Miss Gormley was receptive to this advice. Miss Gormley confirmed that 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.

Review of training records of some members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities.

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. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken with the exception of one periodic test for the washer disinfectant. This matter was discussed with Miss Gormley and advice was provided to implement relevant testing in keeping with HTM 01-05.

The written scheme of examination inspection report in respect of the pressure vessels was not available for review during the inspection. This was discussed with Miss Gormley and following the inspection RQIA received confirmation that the pressure vessel testing had been undertaken during January 2025.

Review of training records of some 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. A staff member spoken with demonstrated good knowledge and understanding of the decontamination process.

Addressing the advice given will ensure 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.

The equipment inventory reflected that the practice has a an intra-oral X-ray machine, an orthopantomogram machine (OPG) and a cephalometric machine.

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.

Miss Gormley confirmed that no new radiology equipment had been installed since the previous RQIA inspection

The most recent report generated by the RPA during August 2022 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

Miss Gormley is aware that a copy of the local rules is to be on display near each x-ray machine. Appropriate staff had signed to confirm that they had read and understood these.

A number of quality assurance systems and processes were reviewed to ensure that matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that measures are taken to optimise radiation dose exposure and this included x-ray audits and digital x-ray processing. Miss Gormley is aware that x-ray equipment should include the use of rectangular collimation.

The radiology and radiation safety arrangements reviewed 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. Advice was provided to update some of the contact details for external organisations named in the policy. 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 discussion with Miss Gormley concerning complaints evidenced that complaints had been managed in accordance with best practice guidance.

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

Miss Gormley 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.

Miss Gormley 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 Miss Gormley.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Matters resulting in the area for improvement were discussed with Miss Gormley, 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 Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 12.5 Stated: First time To be completed by: 1 January 2025	The responsible person shall ensure that all members of the dental team undertake fire safety training in keeping with RQIA mandatory training guidance. Ref: 5.2.2 Response by registered person detailing the actions taken: FIRE SAFETY TRAINING WAS CARRIED OUT ON 22.1.25 AND SUPPORTING DOCUMENTATION IS PROVIDED

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews