

Inspection Report

17 June 2021



Bachelors Walk

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 39 Bachelors Walk, Lisburn, BT28 1XN
Telephone number: 028 9266 3022

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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

<p>Organisation/Registered providers: Mr Killian Toal and Mr Andrew Wallace</p>	<p>Registered manager: Mr Andrew Wallace</p> <p>Date registered: 4 November 2011</p>
<p>Person in charge at the time of inspection: Mr Andrew Wallace</p>	<p>Number of registered places: Three</p>
<p>Categories of care: Independent Hospital (IH) – Dental Treatment and PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers</p>	
<p>Brief description of the accommodation/how the service operates: Bachelors Walk is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment and a dental laser service category of care. The practice has three registered dental surgeries and provides general dental services, private and health service treatment without sedation.</p> <p>Laser equipment Manufacturer: Quicklase Model: Dentalase 5w Serial Number: 050717002 Laser Class: 4 Wavelength: 810nm</p> <p>Laser protection advisor (LPA) Ms Estelle Walker</p> <p>Laser protection supervisor (LPS) Mr Andrew Wallace</p> <p>Authorised operator Mr Andrew Wallace</p> <p>Type of treatments provided: The Dentalase 5w is a soft tissue laser that can be used to effectively aid a wide range of treatments from gum disease to root fillings, restorations and minor surgery. The laser treatment can also improve healing and provide pain relief.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 17 June 2021 from 10:00am to 1.45pm.

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. The dental practice provides a dental laser service, however, the laser has not been operational for a period of 18 months and Mr Wallace advised that there are no plans to use the dental laser this year, and as a result, the laser service was not inspected during this inspection.

There was evidence of good practice in relation to staff training; the practices' adherence to best practice guidance in relation to COVID-19; management of complaints; and governance arrangements.

Some issues were identified concerning recruitment and selection of staff, updating the management of medical emergencies and infection prevention and control policies, decluttering identified areas of the practice, providing the most up to date pressure vessels inspection reports and addressing recommendations made in relation to radiation safety. Following the inspection RQIA received evidence and confirmation by email these issues identified had been addressed.

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 were unable to meet with patients on the day of the inspection. Posters were issued to Bachelors Walk Dental Surgery before the inspection inviting patients and staff to complete an electronic questionnaire.

No patient or staff questionnaires were submitted before the inspection.

All staff spoken with talked about the practice in positive terms and no areas of concern were raised throughout 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 Bachelors Walk was undertaken on 9 September 2020 and 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?

The recruitment and selection policy and procedure was reviewed and minor amendments were made during the inspection to ensure that it was up to date and in keeping with legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr Toal and Mr Wallace oversee the recruitment and selection of the dental team, and they approve all staff appointments. Discussion with Mr Wallace confirmed that he had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information and was kept up to date.

Two staff personnel files were reviewed and evidenced that all relevant recruitment records had been sought, reviewed and stored as required with the exception of a criminal conviction declaration, a second reference in respect of one staff member and confirmation that the staff were physically and mentally fit to fulfil their duties. Following the inspection RQIA received confirmation by email that these issues had been addressed. Mr Wallace was advised that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any staff 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.

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

5.2.2 Are 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.

Discussion with staff confirmed that training had been undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

A record had been kept of all training (including induction) and professional development activities undertaken by staff. Mr Toal and Mr Wallace were advised to develop an overarching training record to include mandatory training topics to provide a mechanism for them to have up to date oversight and awareness of completed staff training within the practice at any given time. Following the inspection RQIA received confirmation that this had been actioned.

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 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.

The medical emergency policy and procedure did not fully reflect current legislation and best practice guidance. This was discussed and following the inspection RQIA received a copy of the revised medical emergency policy that reflected current legislation and best practice.

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 refresher training during September 2020.

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.

Mr Wallace confirmed that conscious sedation is not provided.

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 that did not fully reflect legislation and best practice guidance. This was discussed and following the inspection RQIA received a copy of the revised IPC policy that reflected current legislation and best practice.

Staff told us there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean and tidy. However, the room that houses the orthopan tomogram machine (OPG) was also used as a staff changing area and was cluttered with various items stored on the floor, work tops and shelving. The staff room seating area had not been re organised to allow for social distancing of staff and the reception areas and corridors were cluttered with various items stored on the floor and work tops. Advice was given to declutter the identified areas as a matter of urgency. This was discussed and following the inspection RQIA received confirmation that the identified areas in the practice had been decluttered to ensure effective cleaning can take place.

A damp area was observed on ceiling tiles in the OPG room and we advised that the cause of damp should be investigated and made good. Mr Wallace agreed to address this issue.

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 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 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 retained in the staff members' 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.

IPC arrangements reviewed during and following the inspection 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.

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 validated and maintained and used in line with the manufacturers' guidance. However evidence of the most recent written scheme of examination of pressure vessels inspection was not available for inspection. This was discussed and following the inspection RQIA received a copy of the most recent written scheme of examination of pressure vessels inspection.

Review of records demonstrated that all required tests to check the efficiency of the machines had been undertaken. It was advised that the records of the required tests should be maintained in separate logbooks for each machine.

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

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. Staff told us 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.

Advice was given in relation to ensuring that all areas of the practice are decluttered and all unnecessary objects and equipment is removed to ensure effective cleaning can take place. As discussed the seating in the staff area should be re organised to allow for social distancing of staff.

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 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.

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 dental team had been entitled for their relevant duties and have received training in relation to these duties. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and x-ray audits.

Mr Wallace, as the RPS, oversees radiation safety within the practice. The file had not been recently reviewed by Mr Wallace and this was addressed on the day of the inspection. Mr Wallace gave assurances that the radiation protection file would be regularly reviewed to ensure that it is accurate and up to date. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The most recent report generated by the RPA evidenced that the x-ray equipment had been examined. Following the inspection RQIA received confirmation that the recommendations made by the RPA had been actioned.

The equipment inventory evidenced that the practice has three surgeries, each of which has an intra-oral x-ray machine. In addition, there is an orthopan tomogram machine (OPG), which is located in a separate room. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

The radiology and radiation safety arrangements evidenced that 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.

Mr Toal and Mr Wallace would be 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. Mr Wallace was advised to amend the policy to reflect the accurate details of the persons responsible for managing complaints. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide.

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.

Mr Wallace 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 best practice guidance.

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 staff. Staff confirmed that equality data collected was managed in line with best practice.

6.0 Conclusion

Based on the inspection findings, discussions held and a review of information received following the inspection this service is well led and provides safe, effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Wallace as part of the inspection process and can be found in the main body of the report.



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