

# Inspection Report

10 June 2021



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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mr Robert Gilmer	<b>Registered Manager:</b> Mrs Deborah Irvine  <b>Date registered:</b> 16 January 2012
<b>Person in charge at the time of inspection:</b> Mr Robert Gilmer	<b>Number of registered places:</b> Four
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> Bank 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 four registered dental surgeries and provides private and health service treatment without sedation.  Mr Gilmer is also registered with RQIA as the registered person of Kingsway Dental Practice.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 10 June 2021 from 9.50 am to 2.50 pm.

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; adherence to best practice guidance in relation to COVID-19; management of complaints; and governance arrangements.

One area for improvement has been identified in relation to staff training.

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 Bank Dental Practice 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?

Areas for improvement from the last inspection on 12 November 2020		
Action required to ensure compliance with <a href="#">The Minimum Standards for Dental Care and Treatment (2011)</a>		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 12 November 2020	<b>Area for improvement</b> The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that all dental handpieces are processed in the washer disinfectant prior to sterilisation in keeping with best practice guidance.	

## 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. Mrs Irvine agreed to ensure that the policy is dated and reviewed on a three yearly basis or more frequently if required.

Mr Gilmer oversees the recruitment and selection of the dental team, approves all staff appointments and is supported by Mrs Irvine. Discussion with Mr Gilmer and Mrs Irvine confirmed that they 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 personnel files were reviewed and evidenced that relevant recruitment records had been sought, reviewed and stored as required with the exception of a criminal conviction self-declaration. Following the inspection RQIA received confirmation that the criminal conviction declarations had been obtained for the identified staff members. Mr Gilmer and Mrs Irvine confirmed that a criminal conviction declaration will be sought and retained in personnel files in respect of any new 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 where 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 and received induction training when they commenced work in the practice.

There was no evidence that a contract of employment/agreement was in place in the two personal files reviewed. This was discussed and Mr Gilmer was advised that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement. Mr Gilmer agreed to ensure that all staff are provided with a contract of employment/agreement and that a copy will be retained on site.

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. Mrs Irvine discussed training undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA. Mrs Irvine advised that not all staff had received refresher training in safeguarding adults and children in keeping with RQIA [training guidance](#). The RQIA training guidance was discussed and following the inspection RQIA emailed a copy of the training guidance to the practice. An area for improvement has been identified.

A record is kept of all training (including induction) and professional development activities undertaken by staff were retained in each staff member's personnel file. Mrs Irvine was advised to develop an overarching training record to include mandatory training topics to provide a mechanism for Mr Gilmer and Mrs Irvine to have up to date oversight and awareness of completed staff training within the practice at any given time.

### **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. A minor amendment was made to the policy following the inspection. Mrs Irvine agreed to ensure that the policy is dated and reviewed on a three yearly basis or more frequently if required. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

There was a system 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 November 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.

Mrs Irvine 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 and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. 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, 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 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 the most recent 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. The system in place to ensure that relevant members of the dental team have received this vaccination was discussed with Mr Gilmer. 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. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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.



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 used 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 in respect of the washer disinfecter. However the data logger for the steriliser was not operational and periodic tests in respect of the steriliser had not been recorded on a daily basis. Following the inspection RQIA received confirmation that the data logger had been repaired and periodic tests in respect of the steriliser were being recorded daily in keeping with best practice.

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. 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 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.

A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed in line with legislation.

Two radiation protection supervisors (RPS) had been appointed in the practice and two separate radiation protection files were in place. Both radiation protection files were found to be disorganised and did not contain all relevant information in respect of radiology and radiation safety. Mr Gilmer was advised of his responsibility to ensure that the appointed RPS's oversee radiation safety within the practice and regularly review the radiation protection files to ensure that they are accurate and up to date. Mr Gilmer confirmed that it was his intention to have only one RPS appointed and one radiation protection file in place in the future and has agreed to contact the RPA to amend documentation accordingly. Following the inspection RQIA received confirmation that the practice had now one RPS appointed and one radiation protection file in place. The RPS has agreed to review the radiation protection file to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. Within both files reviewed there was evidence that the RPA had visited the practice on three occasions during 2020 and had issued three separate reports dated 1 June 2020, 3 June 2020 and 16 September 2020. A review of these reports evidenced that the x-ray equipment had been examined however not all recommendations made had been recorded as actioned. Following the inspection RQIA received confirmation that all the recommendations made had been addressed.

It was evidenced that measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and x-ray audits.

The equipment inventory evidenced that the practice has four 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.

Improvements made following the inspection will strengthen the radiology and radiation safety arrangements 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.

Mrs Irvine is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to Mr Gilmer, the registered person. Mr Gilmer monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. The most recent unannounced monitoring visit report along with any identified actions was available for inspection.

Mrs Irvine confirmed that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

### **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.

A complaints policy and procedure was in place that provided clear instructions for the health service patients to follow. It was noted the complaints policy and procedure did not outline the complaints procedure for private patients. Following the inspection RQIA received written confirmation that a complaints policy and procedure for private patients had been developed. 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.

Mrs Irvine confirmed that the practice had received no recent and is aware how to manage complaints in accordance with best practice guidance. Should the practice receive complaints Mrs Irvine will undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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.

### 5.2.11 Does the dental team have suitable arrangements in place to record equality data?

The arrangements concerning 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. Mrs Irvine and staff advised that equality data collected is managed in line with best practice.

## 6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

One area for improvement has been identified in relation to safeguarding training.

## 7.0 Quality Improvement Plan/Areas for Improvement

One 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

The area for improvement and details of the QIP were discussed with Mr Gilmer and Mrs Irvine 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 <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 10 August 2021	The registered person shall ensure that all staff undertake training in safeguarding adults and children at least every two years, at the appropriate level, in keeping with RQIA training guidance.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Safeguarding training has been arranged and will take place on Tues 7/9/21 , provided by Mary McCartan

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



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