

# Inspection Report

7 December 2021



## Bovally Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: Bovally House, Anderson Avenue, Limavady, BT49 0TF  
Telephone number: 028 7776 6980

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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

<b>Organisation/Registered Provider:</b> Mr Leslie McKee	<b>Registered Manager:</b> Mr Leslie McKee  <b>Date registered:</b> 12 September 2012
<b>Person in charge at the time of inspection:</b> Mr Leslie McKee	<b>Number of registered places:</b> Five
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> Bovally 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 five 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 a care inspector on 7 December 2021 from 11.00am to 1.10pm. The practice manager facilitated the inspection.

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; staff training; management of medical emergencies; infection prevention and control; the practice's adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

One area for improvement made against the standards during the previous inspection in relation to the submission of the written scheme of examination of pressure vessels inspection report has not been addressed. Therefore, an area for improvement against the regulations has now been made in this regard

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

### 3.0 How we inspect

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

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### 4.0 What people told us about the practice?

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

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

### 5.0 The inspection

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

The last inspection to Bovally Dental practice was undertaken on 6 November 2020.

Areas for improvement from the last inspection on 6 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 14.4  <b>Stated:</b> Second time	The registered person shall ensure that a copy of the most recent written scheme of examination inspection report, in respect of the pressure vessels, is provided to RQIA with the returned QIP.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The practice manager confirmed that the written scheme of examination for pressure vessel inspection had not been undertaken as planned due to the ongoing impact of the COVID-19 pandemic. Information was submitted following the inspection on 7 December 2021 confirming that the pressure	

	vessels will be inspected on 12 January 2022. In order for RQIA to be assured that the pressure vessels are inspected as planned, an area for improvement (AFI) has now been made against the regulations. Additional information can be found in section 5.2.6.	
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## 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 legislative and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr McKee oversees the recruitment and selection of the dental team and is supported by the practice manager. Mr McKee approves all staff appointments. Discussion with the practice manager confirmed that she had a clear understanding of the legislation and best practice guidance. The practice manager advised that no new staff have been recruited in the past three years.

The practice manager confirmed that should anyone be recruited to work in the practice they will be provided with a job description and an induction pertaining to their role. They also confirmed that if a professional qualification is a requirement of the post, a registration check will be made with the appropriate professional regulatory body.

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.

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

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

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 outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities are completed when new staff join the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the registered person, to ensure that the dental team are 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 are the dental team trained to manage medical emergencies?**

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

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

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. During the inspection it was observed that Buccolam pre filled syringes had not been provided in sufficient doses as recommended by the Health and Social Care Board (HSCB) and the BNF. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses recommended. Following the inspection, the practice manager submitted evidence via email that additional doses of Buccolam had been provided accordingly.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency training during January 2021 and refresher training has been booked for December 2021.

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.

The practice manager confirmed that conscious sedation is not offered in Bovally Dental Practice.

### **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. The practice manager told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead 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. All areas of the practice observed 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 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. 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 for cleaning and sterilising instruments was validated and a review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

The written scheme of examination inspection report in respect of the pressure vessels was not available to review during the inspection. As discussed in section 5.1 the practice manager confirmed that the written scheme of examination for pressure vessel inspection had not been undertaken as planned due to the ongoing impact of the COVID-19 pandemic. Following the inspection, an email was received confirming that the pressure vessels will be inspected on 12 January 2022. An AFI had been identified against the standards during the previous inspection in relation to the written scheme of examination of pressure vessels. In order for RQIA to be assured that the pressure vessels are inspected as planned, an AFI has now been made against the regulations.

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, in general, 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, however the risk assessment reflecting the fallow times for each surgery had not been effectively recorded.



Following the inspection, the practice manager submitted evidence via email that this had been addressed.

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), 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.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. The practice manager advised that the most recent report generated by the RPA dated 29 October 2021 had just been received and the recommendations are currently under review by the RPS and will be actioned accordingly.

A review of the file confirmed that the equipment inventory evidenced that the practice has five surgeries, each of which has an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine observed. The x-ray equipment has been booked for service and maintenance on 12 January 2022.

The dental team have been entitled by the RPS for their relevant duties and have received training in relation to these duties.

The radiology and radiation safety arrangements evidenced that, in general, robust procedures are in place to ensure that appropriate x-rays are taken safely.



### **5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?**

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

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

### **5.2.10 Are complaints being effectively managed?**

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance.

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

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

### **5.3 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 the practice manager.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the QIP were discussed with the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with</b> <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 February 2022	<p>There registered person shall ensure that pressure vessels are inspected under a written scheme of examination and records retained.</p> <p>A copy of the written scheme of examination inspection report should be forwarded to RQIA on completion.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The pressure testing was carried out yesterday 12/01/2022 at the practice we are waiting on certificates. Once we receive these they will be forwarded to Rqia</p>

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



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