

Inspection Report

28 June 2023



Cavity Corner Ltd

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: Cavity Corner Ltd	Registered Manager: Mr Brian McMaster
Responsible Individual: Mr Brian McMaster	Date registered: 25 February 2016
Person in charge at the time of inspection: Mr Brian McMaster	Number of registered places: Five
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Cavity Corner 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 five registered dental surgeries and provides general dental services, private and health service treatment (HSC) and offers conscious sedation, if clinically indicated.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 6 June 2023 from 10.00 am to 1.15 pm.

It focused on the themes for the 2023/24 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 staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents.

Three areas for improvement were identified against the standards to provide RQIA with a copy of; the most recent servicing report for the equipment used for the provision of inhalation sedation; the risk assessment regarding the use, risks and control measures for the management of waste medical gases and a copy of the most recent servicing reports of the x-ray equipment.

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 Cavity Corner Ltd was undertaken on 9 November 2021; 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.

Mr McMaster oversees the recruitment and selection of the dental team and he approves all staff appointments. Discussion with Mr McMaster confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that a number of new staff had been recruited since the previous inspection.

A review of two personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required, with the exception of one reference for one member of staff which had not been sought in the appropriate format, in accordance with the regulations. Advice was provided regarding the appropriate format for retaining staff references. Mr McMaster was receptive to this advice and confirmation was received, following the inspection, that an additional written reference had been obtained.

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 action taken following the inspection, it was demonstrated 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 Mr McMaster, 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. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

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.

Sufficient emergency medicines and equipment 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.

Mr McMaster confirmed that conscious sedation is offered if clinically indicated using inhalation sedation (IH).

There was a conscious sedation policy in place and that was comprehensive and reflected the legislation and best practice guidance.

Examination of records confirmed that the servicing of the IH equipment was overdue. Mr McMaster stated that the practice was having difficulty sourcing a service engineer to complete this work in a timely manner due to a backlog of work in other areas. It was agreed therefore that the provision of IH sedation would be suspended temporarily, until the servicing of the IH equipment had been completed. A copy of the servicing report should be forwarded to RQIA upon receipt. An area for improvement has been identified in this regard.

A risk assessment had not been completed regarding the use, risks and control measures for the management of waste medical gases. This was discussed with Mr McMaster, who agreed to submit the completed risk assessment to RQIA upon receipt. An area for improvement has been identified.

A sample of clinical records of patients who had treatment using conscious sedation were reviewed. These records included all of the required information regarding the sedation technique provided and the care of the patient during treatment.

It was confirmed that the patient is provided with written and verbal post treatment instructions that include details of post treatment risks and possible complications, analgesia and aftercare advice and contact details for emergency advice. Samples of post treatment guidance information sheets were available for review.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. A review of training records evidenced that all relevant members of the dental team had completed 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

It was demonstrated that the arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, was in keeping with legislation and best practice guidance.

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 reflected legislation and best practice guidance. Mr McMaster 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. 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, in the main, vaccination records are retained in personnel files. Advice was provided to Mr McMaster to ensure that proof of Hepatitis B vaccination status was retained for all staff. We received confirmation, following the inspection, that this had been addressed.

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.

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, in the main, all required tests to check the efficiency of the machines had been undertaken. It was identified that a record of periodic tests in respect of the DAC Universal was not available for review. Staff confirmed that all the required tests had been undertaken but had not been documented. Advice and guidance was provided and following the inspection RQIA received confirmation that a logbook for the DAC Universal was in place and would be maintained in accordance with the regulations and best practice guidance.

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.

As a result of the actions taken following this inspection it was demonstrated that the decontamination arrangements are in accordance with current best practice guidance in respect of 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 which were in keeping with the Health and Social Care (HSC) [Dental IPC guidance for Primary and Community Dental Settings](#) (June 2022) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations in response to the pandemic was discussed with members of the dental team.

These discussions 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.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the 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 (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The practice has five surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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 files 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. Mr McMaster confirmed that no new x-ray equipment had been installed since the previous RQIA inspection. The most recent report generated by the RPA (30 May 2022) evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

The servicing of the x-ray equipment was overdue and confirmation was received, following the inspection, that this had been arranged to take place on 28 July 2023. It was agreed that a copy of the servicing report would be forwarded to RQIA upon receipt. An area for improvement has been identified.

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.

The radiology and radiation safety arrangements evidenced that 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. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

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

McMaster 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 Mr McMaster and staff.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement and details of the QIP were discussed with Mr McMaster, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

	Regulations	Standards
Total number of Areas for Improvement	0	3

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 14.4 Stated: First time To be completed by: 30 September 2023	The registered person shall provide RQIA with a copy of the most recent servicing report for the inhalation sedation equipment. Ref: 5.2.4 Response by registered person detailing the actions taken: I have provided RQIA with an email from RA Medical which confirms that we are on their next available schedule which is Friday 13th October 2023. We have currently stopped using RA Sedation.
Area for improvement 2 Ref: Standard 14.7 Stated: First time To be completed by: 29 August 2023	The registered person shall provide RQIA with a copy of the risk assessment regarding the use, risks and control measures for the management of waste medical gases. Ref: 5.2.4 Response by registered person detailing the actions taken: A copy of our Nitrous Oxide risk assessment was forwarded to the RQIA inspector on the 10th August 2023.
Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: 29 August 2023	The registered person shall provide RQIA with a copy of the most recent servicing report for the x-ray equipment. Ref: 5.2.8 Response by registered person detailing the actions taken: X-ray equipment was serviced on the 28/07/2023 and certificates have been forwarded to the RQIA inspector.

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



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