

# Inspection Report

10 February 2022



## Cliftonville Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 46 Cliftonville Road, Belfast, BT14 6JY  
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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> Cliftonville Healthcare Limited	<b>Registered Manager:</b> Mr Jeremy Turk
<b>Responsible Individual:</b> Mr Jeremy Turk	<b>Date registered:</b> 7 December 2011
<b>Person in charge at the time of inspection:</b> Mr Jeremy Turk	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Cliftonville 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 three registered dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation where clinically indicated.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 10 February 2022 from 10.30 am to 1.00 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 staff training; management of medical emergencies; management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; 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 has been identified in relation to the recruitment and selection of staff.

### **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.

Five staff members submitted questionnaire responses. Four indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. One of these staff members included a comment pertaining to terms and conditions of employment. The remaining one staff member indicated an overall level of dissatisfaction pertaining to the indicators that patient care was safe, effective, that patients were treated with compassion and that the service was well led, however this level of dissatisfaction was not reflective of their included comment pertaining to a very happy environment within the practice. This feedback was shared with Mr Turk for review and follow up.

There were no patient questionnaire responses 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 Cliftonville Dental Practice was undertaken on 29 December 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?**

There was a recruitment and selection policy and procedure in place, that adhered to legislation and best practice.

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

Two staff personnel files were reviewed and evidenced that some relevant recruitment records had been sought; reviewed and stored as required. The two files reviewed did not contain two written references, a criminal conviction declaration or a physical and mental health declaration.

Mr Turk was advised that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought prior to commencement of employment and retained in respect of any staff recruited in the future. One area for improvement has been identified.

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.

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, requires further development and an area for improvement has been made against the regulations.

### **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.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Turk, 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.

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 January 2020 and due to the ongoing COVID -19 pandemic staff undertook an online training update. Mr Turk confirmed emergency refresher training for practice staff has been booked for 22 February 2022.

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 Turk confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. IV sedation is only offered to patients over the age of 18. Mr Turk confirmed that inhalation sedation, known as relative analgesia (RA) had been offered prior to the COVID-19 pandemic, however this method is not currently offered.

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

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with [Conscious Sedation in The Provision of Dental Care \(2003\)](#).

A sample of clinical records of patients who had treatment using conscious sedation was reviewed. These records included all of the required information regarding the sedation technique provided and the care of the patient during treatment. Information was available for patients in respect of the treatment provided and aftercare arrangements.

The dental team involved in the provision of conscious sedation must receive appropriate supervised theoretical, practical and clinical training. A review of training records evidenced that all relevant members of the dental team had completed appropriate training.

The medicines used during IV sedation were securely stored and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and 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 were comprehensive and reflected legislative and best practice guidance in all areas. Mr Turk told us all staff undertake IPC and decontamination in the practice and have completed training in line with their continuing professional development (CPD) and have 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 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.

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 Health and Social Care Board (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 new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

A review of the file confirmed 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. The x-ray equipment had 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. 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.

A review of documentation evidenced 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. 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.

It was noted, the most recent RPA report was not available for review at inspection. Following inspection Mr Turk submitted the RPA report dated October 2019. Mr Turk confirmed that the recommendations, are currently under review and will be actioned accordingly.

The radiology and radiation safety arrangements evidenced that 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 Turk 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 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 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 Mr Turk.

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

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

The area for improvement and detail of the QIP were discussed with Mr Turk, Responsible Individual, as part of the inspection process. The timescale for completion commences from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> : Regulation 19 (2) (d) Schedule 2 as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2022</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The personnel files for any new staff who commence work will contain a criminal conviction declaration and a physical/mental health declaration. Also 2 references will be sought, using a wider scope than previous employers, personal references will be sought. These items are included in a pre employment checklist which has been adopted for use in future staff empolment.</p>

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



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