

# Inspection Report

5 August 2021



## Dentistry @ Markethill Ltd

Type of service: Independent Hospital (IH) – Dental Treatment  
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[www.rqia.org.uk](http://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 the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

<b>Organisation/Registered provider:</b> Dentistry @ Markethill Ltd	<b>Registered manager:</b> Mr Paul Reaney
<b>Responsible individual:</b> Mr Paul Reaney	<b>Date registered:</b> 12 May 2014
<b>Person in charge at the time of inspection:</b> Mr Paul Reaney	<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> Dentistry @ Markethill 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 four registered dental surgeries and provides general dental services, private and health service treatment without sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 5 August 2021 from 10.25 am to 1.05 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; staff training; management of medical emergencies; 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.

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.

Twelve patients submitted a response. All responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All responses indicated that they were very satisfied with each of these areas of their care and included positive comments. Patients described staff as welcoming; friendly and professional; that they were well informed and involved in making decisions about their treatment; that they found the practice to be clean and hygienic and that they were very pleased with the results of their treatment.

Eleven staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Staff indicated that they were either very satisfied or satisfied with each of these areas of patient care. One of the staff responses included a positive comment indicating that they felt the practice was organised and well run and that patients are offered the best dental care experience.

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 Dentistry @ Markethill Ltd was undertaken on 23 September 2020; 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 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 Reaney oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Reaney 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. This review also evidenced that five staff commenced work in the practice from 2019; one of the identified staff members started as a student on placement from university and subsequently was employed by the practice.

Two of the staff personnel files of staff recruited since 2019 were reviewed. This review evidenced that the relevant recruitment records had been sought; reviewed and stored as required.

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.

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 had been completed when new staff joined the practice.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the responsible individual, 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 April 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.

It was observed that in addition to the Adrenaline ampoules retained for use to treat anaphylaxis should this type of medical emergency occur, a stock of Adrenaline auto injectors was also available. Mr Reaney was advised that in keeping with Health and Social Care Board (HSCB) guidance, retaining stock of Adrenaline ampoules is sufficient and that auto injectors when expired, should not be replaced as this format of Adrenaline should be preserved for use by patients.

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 Reaney confirmed that conscious sedation is not provided in Dentistry @ Markethill Ltd.

### **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 Reaney 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 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 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 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. A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duty holder roles and have received training in relation to these roles. 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 RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. A review of the file confirmed that the dental team have been entitled by the RPS for their relevant duties and have received training in relation to these duties. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake a critical examination and acceptance testing of all new x-ray equipment. Thereafter the RPA must complete a quality assurance test of all x-ray equipment every three years as specified in current legislation. It was confirmed that no new x-ray equipment had been installed.

A review of the most recent report generated by the RPA, dated 6 May 2021, evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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.

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 Reaney 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.



There were separate complaints policies and procedures in place, one for health service patients and one for private patients that provided clear instructions for the patients and staff to follow. It was noted that these policies stated that complainants would be informed of the outcome of their complaint investigation within 10 days. Mr Reaney was advised that this timeframe could be increased to 28 days in keeping with DoH guidelines. 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. Mr Reaney told us that should the practice receive complaints they would be audited 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 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 Reaney and staff.

Review of information evidenced that the equality data collected was 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.

## **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 Paul Reaney, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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