

Inspection Report

8 June 2021



Railway Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 9 Railway Street, Strabane, BT82 8EG
Telephone number: 028 7138 2750

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

1.0 Service information

Organisation/Registered provider: Mr Gordon Kennedy	Registered manager: Mr Gordon Kennedy Date registered: 4 March 2013
Person in charge at the time of inspection: Mr Gordon Kennedy	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: Railway Dental Care 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 two registered dental surgeries and provides private and health service treatment without sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 8 June 2021 from 2:00pm to 4.45pm.

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; infection prevention and control; decontamination of reusable dental instruments; the practices' adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

Three areas for improvement were identified which are discussed in the main body of the report and detailed in the Quality Improvement Plan (QIP) in Section 7.0.

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 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 Railway Dental Care 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?

The last inspection to Railway Dental Care was undertaken on 12 November 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 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.

Mr Kennedy oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Kennedy 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 the staff register identified that additional information was required in order to meet with legislation.

Advice and guidance was provided and assurances were given that the additional areas would be completed immediately following this inspection.

Mr Kennedy confirmed that current staff personnel files held contained all the relevant recruitment records 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. Mr Kennedy and staff discussed training undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Training records, including induction and professional development activities undertaken by staff were retained.

A record is kept of all training (including induction) and professional development activities undertaken by staff. It was noted that staff had last completed formal management of medical emergency training in February 2020. Discussion with Mr Kennedy and staff confirmed that in the interim all staff had attended in-house training and had signed to confirm they had read the management of medical emergency policy and procedures. Mr Kennedy stated that arrangements are being made to provide formal training in this area.

Mr Kennedy stated that staff had not yet completed refresher training in safeguarding adults and children in keeping with RQIA [training guidance](#). Mr Kennedy told us that this training will be sourced for staff to complete. An area for improvement has been identified.

Mr Kennedy was advised of benefits of maintaining an overarching training matrix to include mandatory training topics. This would provide a mechanism for Mr Kennedy to have up to date oversight and awareness of completed staff training within the practice at any given time to ensure that the dental team are suitably skilled and qualified.

Policies and procedures were in place that outline training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

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.

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines were in keeping with the BNF. It was noted that the Glucagon medication expiry date had not been revised in keeping with the manufacturer's instructions, which states that when this medication is not stored in the fridge the expiry date should be revised. Mr Kennedy stated the expiry date would be amended immediately following the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was, in the main, retained. It was noted that both the automated external defibrillator (AED) adult pad and paediatric pad had exceeded their expiry dates and there was no self-inflating bag with reservoir suitable for a child. Mr Kennedy was advised that the emergency equipment checking procedure should be reviewed to include all these items in future checks. On 30 June 2021 RQIA received confirmation that a self-inflating bag with reservoir suitable for a child was provided and the AED adult and paediatric pads had been replaced.

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.

Managing medical emergencies is included in the dental team induction programme and training should be updated annually. As previously discussed records reviewed verified that the staff last completed formal medical emergency refresher training during February 2020. Mr Kennedy stated that this training is to be provided for staff at the earliest opportunity.

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 arrangements are being arranged to ensure 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 Kennedy 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 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.

There was a lead for IPC as recommended by the published guidance. The lead had undertaken IPC training in line with their continuing professional development and had retained the necessary training certificates as evidence.

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 and 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. Discussions also included the arrangements in place when undertaking dental treatment involving an aerosol generating procedure and the recommended fallow times. It was noted that since the previous inspection mechanical ventilation has been installed in both dental surgeries. The most recent HSCB guidance (updated February 2021) states that dental practices should complete a risk assessment specific to each surgery. Mr Kennedy and staff were aware of the fallow times for each surgery however a risk assessment to include the use of mechanical ventilation had not been documented in this regard. An area for improvement has been identified.

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 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 duties and have received training in relation to these duties. 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 records confirmed that the RPS had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff had completed appropriate training. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation. Records reviewed confirmed that a performance test had been undertaken on 11 September 2020 for both x-ray machines. Mr Kennedy stated the performance test results remain valid however in the interim the practice has installed digital x-ray processing. Therefore new performance tests were provided to the RPA who has not yet provided the practice with the RPA report. Mr Kennedy stated the RPA report will be forwarded to RQIA upon receipt. An area for improvement has been identified.

The equipment inventory evidenced that the practice has two 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 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 on 20 November 2020 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.

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 Kennedy is 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.

5.2.11 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 Kennedy and staff who demonstrated that the equality data collected was managed in line with best practice.

5.3 Additional areas examined

Arrangements are in place for maintaining the environment to include routine servicing and maintenance of firefighting equipment and the fire detection system.

The fire safety protocol had been signed by staff in May 2021 however, the most recent fire risk assessment could not be located during this inspection.

Mr Kennedy confirmed that a legionella risk assessment had been completed however this risk assessment could also not be located during the inspection.

It was agreed that a copy of the most recent fire risk assessment and legionella risk assessment would be provided to RQIA following this inspection. On 30 June 2021 a copy of the fire risk and legionella risk assessment were provided to RQIA by email.

6.0 Conclusion

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

Three areas for improvement have been identified against the standards to ensure all staff undertake refresher training in safeguarding adults and children; to complete an aerosol generating procedure risk assessment for each surgery and to provide to RQIA with a copy of the RPA's most recent report.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the QIP were discussed with Mr Gordon Kennedy, Registered Person, 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 Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 8 August 2021	The registered person shall ensure that all staff undertake refresher 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 Response by registered person detailing the actions taken: Staff have been tasked to undertake appropriate training in safeguarding vulnerable adults and children

<p>Area for improvement 2</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 16 June 2021</p>	<p>The registered person shall ensure a risk assessment to determine the fallow time following an aerosol generating procedure is completed for both surgeries. This risk assessment should be kept under review and available for staff reference.</p> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: .Risk assessment has been under taken to determine fallow time following AGP's for each surgery.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 8 August 2021</p>	<p>The registered person shall provide RQIA with a copy of the most recent report provided by the radiation protection advisor.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: RPA have been contacted and report will be forwarded when received.</p>

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



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