

Inspection Report

22 December 2021 and 13 January 2022



The Dental Centre

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: J.O.E. Hudson Limited	Registered Manager: Mr Jack Hudson
Responsible Individual: Mr Jack Hudson	Date registered: 12 August 2020
Person in charge at the time of inspection: Mr Jack Hudson	Number of registered places: 2 increasing to 4 following this inspection process
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: The Dental Centre 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 general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from two to four.	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 22 December 2021 from 11.00am to 1.45pm and on 13 January 2022 from 12.30 to 1.15pm. This inspection was facilitated by the practice manager.

An RQIA estates inspector will undertake a desk based review of the variation to registration application and will inform Mr Hudson, Responsible Individual, of the outcome of their review in due course.

The inspection 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 and to review the readiness of the practice for the provision of dental care and treatment associated with the application of variation for two additional dental chairs.

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.

The variation to registration application to increase the number of registered dental chairs from two to four is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the area for improvement will be addressed within the specified timescale. Mr Hudson and the practice manager are aware that separate approval has yet to be confirmed by the RQIA estates team.

3.0 How we inspect

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

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

4.0 What people told us about the practice?

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

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

5.0 The inspection

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

Areas for improvement from the last inspection on 28 July 2020		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with staff verified that all periodic tests are undertaken and recorded for the decontamination equipment in place in accordance with best practice guidance.	

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 that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice.

Mr Hudson oversees the recruitment and selection of the dental team and is supported by the practice manager who is responsible for ensuring all required recruitment documentation is in place. Mr Hudson approves all staff appointments.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information; that it was up to date and that three new staff members had been recruited since the previous inspection.

A review of the three new staff member's personnel files identified that number of required recruitment documents were not in place. This was discussed with the practice manager who advised that Mr Hudson keeps confidential staff information at his home in a secure place. It was agreed that a return visit would be made to review the missing records. On 13 January 2022, a further review of the three staff member's personnel folders confirmed that all relevant recruitment records had been sought; reviewed and stored as required. It was noted that all documents had been sought prior to each staff member commencing work in the practice.

Advice and guidance was provided to the practice manager regarding the retention and availability of recruitment records for inspection.

Discussion with the practice manager confirmed that she had a clear understanding of the legislation and best practice guidance.

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 Mr Hudson and the practice manager, 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.

Emergency medicines and equipment were examined which demonstrated that a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. It was identified that Buccolam medication in prefilled syringes format was provided in 10mg and 5mg doses.

Whilst the doses provided would enable the administration of Buccolam to each of the age groups as outlined in the BNF, this would necessitate partial administration of a dose should a 2.5mg or 7.5mg dose be required, which is not in keeping with guidance issued by the Health and Social Care Board (HSCB). This was discussed with the practice manager who confirmed that additional Buccolam medication would be ordered to ensure compliance with HSCB guidance in this matter. On 9 February 2022 RQIA received email correspondence from the practice manager confirming that Buccolam medication in prefilled syringes format in both 5mg and 2.5mg doses had been ordered on 21 December 2021, however due to supply issues there has been a delay and this medication is due to arrive this week. The practice manager agreed to confirm by email when this medication is in place.

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 on 6 July 2021.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team are trained to manage a medical emergency in compliance with legislative requirements, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

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

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they were comprehensive and reflected legislative and best practice guidance in all areas. The practice manager told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead had undertaken IPC and decontamination training in line with their CPD and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, including the two new dental surgeries, 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.

The equipment inventory evidenced that an intra-oral x-ray machine and an orthopan tomogram machine (OPG) were located in a dedicated x-ray room and each of two new surgeries have an intra-oral x-ray machine. It was confirmed that the two original surgeries do not have an x-ray equipment. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

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 (who is also the RPS) 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 file 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.

The most recent report generated by the RPA, dated 25 May 2020, evidenced that the intra-oral x-ray machine and the OPG machine located in a dedicated x-ray room had been examined and any recommendations made had been actioned.

Since the RPA report, dated 25 May 2020, an intra-oral x-ray machine has been installed in each of the two new dental surgeries. It was confirmed that a critical examination and acceptance test for the intra-oral x-ray machine in the first new surgery was undertaken during October 2020 and that any recommendations made had been actioned. The practice manager informed us that the critical examination and acceptance test for the intra-oral x-ray equipment in the second new surgery is due to take place on 10 February 2022. An area for improvement has been made against the standards to provide RQIA with a copy of the RPA's critical examination and acceptance test report for this x-ray equipment upon return of the QIP.

A copy of the local rules was on display near each x-ray machines in the dedicated x-ray room and the first new surgery 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.

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 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 Hudson 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.

Appropriate arrangements were in place to ensure any complaints would be managed effectively in accordance with legislation best practice guidance.

5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the practice manager.

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

5.4 Is the new dental surgery fully equipped to provide private dental care and treatment?

The two new additional surgeries were reviewed to ensure both were fully equipped to provide private dental care and treatment. The flooring in both new surgeries was impervious and coved where it met the walls and kicker boards of cabinetry. A dedicated hand washing basin was available in each surgery. It was noted that hand hygiene signage was not displayed and liquid hand soap, a wall mounted disposable hand towel dispensers and a pedal operated waste receptacle were not yet in place in either surgeries. This was discussed with the practice manager who told us these items have been ordered and will be in place before the surgeries are brought into use. The practice manager also confirmed that a sharps disposal container will be provided in each surgery and will be safely positioned in a cupboard to prevent unauthorised access and signed and dated on assembly. On 9 February 2022 RQIA received email correspondence from the practice manager which confirmed that all of the areas identified have been actioned and that both dental surgeries were fully equipped.

It was observed that the new dental chair in each surgery had an independent bottled-water system and the practice manager told us that the dental unit water lines (DUWLs) will be managed in keeping with the manufacturer's instructions. The practice manager confirmed that established arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

The practice has given consideration to potential additional waste being generated when the two new surgeries become operational and have measures in place.

The two new dental surgeries were found to be finished to a very high standard and are compliant with best practice guidance.

5.5 Is the Statement of Purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The Statement of Purpose had been updated to reflect any changes detailed in the variation to registration application.

5.6 Is the Patient Guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Patient Guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Patient Guide had been updated to reflect any changes detailed in the variation to registration application.

6.0 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	1

Areas for improvement and details of the QIP were discussed with Mr Jack Hudson, Responsible Individual and the practice manager 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 8.3 Stated: First time To be completed by: 17 February 2022	The responsible individual shall provide RQIA with a copy of the RPA's critical examination and acceptance test report in respect of the x-ray equipment in the second new dental surgery upon return of the QIP. Ref: 5.2.8 Response by registered person detailing the actions taken: This has been completed and relevant documentation emailed.

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



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