

# Inspection Report

7 September 2022



## Jordan Dental Care

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

<b>Organisation/Registered Provider:</b> Mr David Jordan	<b>Registered Manager:</b> Mr David Jordan  <b>Date registered:</b> 22 December 2011
<b>Person in charge at the time of inspection:</b> Mr David Jordan	<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> Jordan Dental Care is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital with a dental treatment category of care. The practice has three dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 September 2022 from 10.00 am to 1.00 pm.

It focused on the themes for the 2022/23 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 of staff; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

Two areas for improvement made against the regulations during the previous inspection have not been fully addressed. One was in relation to the further development of the Standard Operating Procedures for Controlled Drugs and this has been stated for a second time. The second area for improvement was in relation to the fire risk assessment however, it was identified that a further fire risk assessment had been undertaken. A new area for improvement has been made against the regulations in relation to this fire risk assessment. A further area for improvement has been made against the standards regarding staff training.

No immediate concerns were identified regarding the delivery of front line patient care.

### 3.0 How we inspect

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

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

### 4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

One patient submitted a questionnaire and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care and included a positive comment regarding the staff who work in the practice.

One member of staff submitted a questionnaire and indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The member of staff indicated that they were very satisfied with each of these areas of patient care.

### 5.0 The inspection

#### 5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 May 2021 and 4 June 2021		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19 (2) (d)  <b>Stated:</b> First time	The registered person shall ensure that all recruitment records as outlined in Regulation 19 are in place for any new staff member prior to commencement of employment in the practice.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.1.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 15 (6) <b>Stated:</b> First time	The registered person shall ensure that the Standard Operating Procedures for Controlled Drugs are further developed as detailed in the report.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and has been stated for a second time. Further detail is provided in section 5.2.4.	<b>Not Met</b>
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 25 (4) (f) <b>Stated:</b> First time	The registered person shall ensure that each of the action points identified in the fire risk assessment dated 31 January 2019 are addressed as a matter of priority. Arrangements should be established to ensure the fire risk assessment is reviewed annually.  <b>Action taken as confirmed during the inspection:</b> It was established that the fire risk assessment dated 31 January 2019 has been superseded. A more recent fire risk assessment was undertaken during March 2022. Following the inspection RQIA received confirmation that in the main the action points identified had been addressed. However, one action point has yet to be addressed therefore an area for improvement has been made in this regard.	<b>No longer applicable</b>
<b>Action required to ensure compliance with <a href="#">The Minimum Standards for Dental Care and Treatment (2011)</a></b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 8.1 <b>Stated:</b> First time	The registered person shall implement a robust programme of audit of clinical records involving conscious sedation, to be undertaken at timely intervals. The audit findings should be collated into a summary report and any deficits in clinical recordings must be addressed with the relevant clinical team member(s). These audits should be retained and available for inspection.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.4.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time	The registered person shall ensure that written consent is obtained where dental treatment involves conscious sedation and retained in the respective patient's clinical records.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.4.	<b>Met</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	The registered person shall ensure that a nitrous oxide risk assessment had been undertaken to identify the risks and control measures required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017 and 3 February 2021.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.4.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

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

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of the newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of the full employment history. Mr Jordan advised that the full employment history had been sought however not retained on file.

Following the inspection RQIA received confirmation that the full employment history had been retained in the two identified staff personnel files. Mr Jordan is aware that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection. It was determined that the previous area for improvement 1 against the regulations has been met, as outlined in section 5.1.

It was noted that some of the staff members' personnel files contained copies of the individuals' AccessNI enhanced disclosure certificates. Mr Jordan was advised that the AccessNI certificates should be disposed of in accordance with the AccessNI code of practice. Following the inspection RQIA received assurances that all AccessNI enhanced disclosures would be destroyed in accordance with the AccessNI code of practice and a record kept of the person's name, the date the check was applied for, the date the check was received and the AccessNI unique disclosure number.

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.

Mr Jordan confirmed that members of the dental team have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

### **5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?**

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Jordan, to ensure that the dental team is suitably skilled and qualified.

Some of the training records reviewed did not include evidence that training in safeguarding of adults and children had been undertaken within the last two years in accordance with the minimum standards. This was discussed and following the inspection RQIA received confirmation by email that this training had been booked to take place during November 2022. An area for improvement against the standards has been made in relation to staff training.

Mr Jordan was advised to develop an overarching training record to include the mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA. Following the inspection RQIA received confirmation that the training matrix would be further developed accordingly.

Addressing the area for improvement will ensure that the care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.



### **5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?**

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

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

Sufficient emergency medicines and equipment were in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

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

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

Mr Jordan confirmed that conscious sedation using intravenous (IV) sedation is offered to persons over the age of 18, and inhalation sedation, known as relative analgesia (RA) is offered to children and adults following assessment. It was established that Mr Jordan and one associate dentist provides IV and RA sedation to patients attending the practice.

There was a conscious sedation policy 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 \(2003\)](#).

Examination of records confirmed that the RA equipment had been serviced and a risk assessment has been completed regarding the use, risks and control measures for the management of waste medical gases. It was determined that the previous area for improvement 3 against the standards has been met, as outlined in section 5.1.

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

Information was available for patients in respect of the treatment provided and aftercare arrangements. During the previous inspection an area for improvement was identified against the regulations to ensure that written consent is obtained where dental treatment involves conscious sedation and a copy retained in the respective patient's clinical records. The four clinical records reviewed contained written consent signed by the patients therefore it was determined that the previous area for improvement 2 against the standards has been met, as outlined in section 5.1.

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. During the previous inspection it was established that one dentist stored midazolam in a controlled drug cabinet and it was suggested at that time that similar safe storage would be made available for the other dentist who provides IV sedation in the practice. During this inspection Mr Jordan confirmed that a controlled drug cabinet had been ordered to store Midazolam for the other identified dentist.

During the previous inspection an area for improvement had been made against the standards to implement a robust programme of audit of clinical records involving conscious sedation. During and following this inspection copies of the most recent audits undertaken were reviewed and it was determined that the previous area for improvement 1 against the standards has been met, as outlined in section 5.1.

During the previous inspection an area for improvement had been made against the regulations to review the Standard Operating Procedures for Controlled Drugs. A copy of the Standard Operating Procedures for Controlled Drugs was submitted to RQIA following this inspection and was reviewed by an RQIA pharmacist inspector. It was identified that this document needs to be further developed to include all aspects of obtaining and prescribing controlled drug stock, handling responsibilities, storage, access, disposal, stock checks and record keeping and, that the SOP is specific to Jordan Dental Care. Advice was provided to Mr Jordan on how to further develop the SOP. This area for improvement has not been met and has been stated for a second time.

Addressing the area for improvement will strengthen the systems in place to ensure that the dental team provide dental care and treatment using conscious sedation in line with the 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. The practice manager had responsibility for IPC and decontamination in the practice and confirmed that they had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.



During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in 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.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

#### **5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Mr Jordan and the practice manager were advised to record the name and serial number of each piece of decontamination equipment on the front of the logbooks provided.

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?**

There were COVID-19 policies and procedures in place. Mr Jordan and the practice manager was advised to review these in keeping with the Health and Social Care (HSC) [Dental IPC guidance for Primary and Community Dental Settings](#) (June 2022) and the [Infection Prevention and Control Manual for Northern Ireland](#). Following the inspection RQIA received confirmation by email that this had been actioned.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

### **5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?**

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The practice has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is an orthopan tomogram (OPG) machine, which is located in a separate room.

The arrangements regarding radiology and radiation safety were reviewed during the most recent RQIA inspection. The appointed radiation protection advisor (RPA) must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

Mr Jordan confirmed that no new radiology equipment had been installed since the previous RQIA inspection and a quality assurance visit was not due to be undertaken therefore the radiation safety file was not reviewed as part of this inspection.

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

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

#### **5.2.9 Are complaints and incidents being effectively managed?**

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance. A complaints policy and procedure was in place, it was identified that the policy did not clearly outline the relevant referral process for second stage investigation for health service patients and private patients. Following the inspection RQIA received a copy of the updated complaints procedure which had been revised accordingly.

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.

Discussion with Mr Jordan and the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was confirmed that incidents would be effectively documented and investigated in line with legislation and that all relevant incidents would be reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#).

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

It was determined that systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

### 5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Jordan was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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

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

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1

\*The total number of areas for improvement includes one that has been stated for a second time\*.

Areas for improvement and details of the QIP were discussed with Mr Jordan, Registered Person 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 <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (6)  <b>Stated:</b> Second time	The registered person shall ensure that the Standard Operating Procedures for Controlled Drugs are further developed as detailed in the report.  Ref: 5.1 and 5.2.4
<b>To be completed by:</b> 7 October 2022	<b>Response by registered person detailing the actions taken:</b> Several revised drafts had been forwarded to RQIA inspector

	after the last visit. Since no further comments have been made I assume that the last copy was acceptable. This will be shared with staff to obtain their acceptance.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 25 (4) (f) <b>Stated:</b> First time <b>To be completed by:</b> 7 October 2022	<p>The registered person shall ensure all actions points in the fire risk assessment dated March 2022 have been addressed. The action plan should detail the actions taken and be signed and dated.</p> <p>The completed action plan must be submitted to RQIA on return of this quality improvement plan.</p> <p>Arrangements must be established to ensure the fire risk assessment is reviewed annually with an action plan generated to address any issues identified.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>  FRA Action Plan completed and signed.</p>
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time <b>To be completed by:</b> 7 October 2022	<p>The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff have been signed up for Agilio iLearn ( formerly Isopharm ) online training for three hours level 2 Safe Guarding training.</p>

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



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