

Inspection Report

11 January 2022



Keady Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
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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

Organisation: Dental Excellence Limited Responsible Individual: Ms Nyree Whitley	Registered Manager: Miss Natalie Bowbanks- acting manager- application submitted
Person in charge at the time of inspection: Miss Natalie Bowbanks	Number of registered places: Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>Keady Dental Surgery 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 and does not offer conscious sedation.</p> <p>Dental Excellence Limited is the registered provider for two dental practices registered with RQIA. IDH Acquisitions Limited is the parent company of Dental Excellence Limited and is the registered organisation for four dental practices registered with RQIA. Ms Nyree Whitley is the responsible individual for Dental Excellence Limited all of the dental practices operated by IDH Acquisitions Limited.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 11 January 2022 from 10am to 2.45pm.

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; 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.

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?

The last inspection to Keady Dental Surgery was undertaken on 29 January 2021; 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 recruitment and selection policies and procedures, that mostly adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the practice. It was noted that the recruitment and selection policy was written to encompass all regions of UK however it did not fully reflect all the information to be sought prior to appointment in accordance to Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Advice was provided on this matter and following inspection RQIA received confirmation that the recruitment and selection policy would be amended to reflect the Northern Ireland jurisdiction.

Dental Excellence Limited have a corporate human resources (HR) shared services department. The corporate HR department supports registered managers during the recruitment process.

The HR department are responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and issuing reference requests. The registered managers are responsible for ensuring all recruitment records have been sought and uploaded to the electronic HR system. Discussion with Miss Bowbanks confirmed that she had an understanding of the legislation and best practice guidance and following advice in relation to the Northern Ireland jurisdiction confirmed she had a better understanding of the legislative framework.

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.

One recently recruited staff personnel file was reviewed and evidenced that most relevant recruitment records had been sought; reviewed and stored as required. It was noted that two written references and evidence of physical and mental health assessment were not available. Following inspection, RQIA received confirmation that this information had been sought and would be put on the staff personnel file. It was also confirmed that all future recruitment and selection would be in accordance to the Northern Ireland jurisdiction legislation.

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 has been amended as outline above and now 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 registered manager, to ensure that the dental team are suitably skilled and qualified. It was noted that the practice had carried out several fire drills in the last year which included some instruction on fire safety, however not all staff had attended fire safety training. Following inspection Miss Bowbanks confirmed all staff would undertake fire safety training via the organisation's online academy which provides all continued professional development (CPD) to staff.

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. Advice was provided on ensuring medications are stored in their original packaging and including a dose chart with the adrenaline medication for ease of access. Ms Bowbanks was receptive to advice provided.

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 October 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.

Ms Bowbanks confirmed that conscious sedation is not offered in Keady Dental Surgery.

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.

Ms Bowbanks told us she was the nominated lead who had responsibility for IPC and decontamination in the practice supported by an IPC lead nurse from another practice. Ms Bowbanks confirmed it is their intention to appoint an IPC lead nurse for the practice who will have undertaken IPC and decontamination training in line with their CPD and retain the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were fully equipped to meet the needs of patients. The practice has been undergoing a planned refurbishment programme since change of ownership in early 2021 including a complete refurbishment of surgery 4 and replacement of dental chairs, flooring, removal of open shelving in surgeries 1 and 2.

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 the lead IPC nurse from another practice 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. Advice was provided on involving the dental nurse team in carrying out these audits.

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 the practice has four surgeries, each of which has an intra-oral x-ray machine. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

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.

Evidence that a radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation was difficult to access through the documentation presented for inspection. Following inspection RQIA received evidence of the RPA/MPE appointment which will be made available for future inspection. A dedicated radiation protection file containing the relevant local rules, employer's procedures and some additional information was retained. A review of the file found the employer's procedures were disseminated in various areas of the documentation making it difficult to identify them as employer's procedures and therefore not easily accessible to duty holders as required. Diagnostic reference levels (DRLs) were not readily available. It was noted that the Employer (as a delegated task) had not entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. Ms Bowbanks and the lead regulatory officer for {my}dentist confirmed that entitlement documentation was available for this purpose and would be completed as a priority. Following the inspection RQIA received confirmation that the lead regulatory officer in consultation with the RPA /MPE would undertake the following actions and forward the documents to the practice as soon as possible:-

- Create a list of employers procedures with an index of where they can be found within the policy and evidence so that they are more easily identifiable
- DRLs –create these on a stand-alone document to share with the team

It was confirmed that the RPS oversees radiation safety within the practice and will regularly review 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 a radiation protection engineer on behalf of the RPA dated January 2021 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned. There was no evidence that the appointed RPA/MPE had oversight of this report from the documentation presented at inspection. Ms Bowbanks and the lead regulatory officer both confirmed it is shared with the RPA/MPE. Following inspection evidence was provided of the arrangements around the involvement of the RPA/MPE in the provision of expert radiology support to the dental 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.

Advice was given in relation to x-rays audits and following the inspection RQIA received confirmation that the bi annual audit will be amended to include more specific titled columns as suggested for image quality, clinical evaluation and justification of exposures instead of 'complying with IR(ME)R regulations'.

The radiology and radiation safety arrangements evidenced that adequate procedures are in place to ensure that appropriate x-rays are taken safely which were strengthened as a result of advice provided and action taken as a result of this inspection.

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.

Miss Natalie Bowbanks is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the registered provider. Ms Bowbanks has applied to be the registered manager for this practice. Ms Bowbanks confirmed she had recently submitted documentation requested by RQIA. Her application is being processed by RQIA and is nearing completion.

As discussed in section 1.0, Keady Dental Surgery is operated by Dental Excellence Limited. Ms Nyree Whitley is the responsible individual for Dental Excellence Limited and she nominates a member of the senior management team to undertake the unannounced quality monitoring visits on her behalf. Ms Whitley receives a copy of the report generated for review and sign off. The most recent unannounced quality monitoring visit report dated 1 December 2021 was reviewed. Ms Bowbanks stated that should these unannounced visits identify issues an action plan would be developed to address any deficits; including timescales and persons responsible for completing the actions.

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 HSC patients and one for private patients that provided clear instructions for the patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation 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 Ms Bowbanks.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice. It was confirmed that arrangements are place to implement the collection of equality data within Keady dental Surgery.

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 Miss Bowbanks, Registered Manager applicant, the Regional Manager and the Lead Regulatory Officer as part of the inspection process and can be found in the main body of the report.



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