

# Inspection Report

10 November 2022



## Riada 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 T McWhirter and Miss Lisa M Hanna	<b>Registered Manager:</b> Mr Tony McWhirter
<b>Responsible Persons:</b> Mr Tony McWhirter and Miss Lisa Hanna	<b>Date registered:</b> 18 October 2011
<b>Persons in charge at the time of inspection:</b> Mr Tony McWhirter and the practice manager	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> Riada 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 three registered dental surgeries and provides general dental services, private and health service treatment and has the facilities to offer conscious sedation. During this inspection Mr McWhirter told us that the practice is not currently offering the provision of inhalation sedation.  A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from three to five.	

## 2.0 Inspection summary

This was an announced care and variation to registration inspection undertaken by two care inspectors on 10 November 2022 from 10.00 am to 1.45 pm.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and will inform Mr McWhirter, Responsible Person, of the outcome of their review in due course.

The inspection focused on the themes for the 2022/23 inspection year and assessed progress with any areas for improvement identified during the last care inspection. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from three to five.

There was evidence of good practice in relation to the management of infection prevention and control; adherence to best practice in relation to COVID-19 ; and the management of complaints and incidents.

During the inspection matters were identified in relation to; staff recruitment records, staff training records, the management of medical emergencies; the decontamination of reusable dental instruments and radiology and radiation safety. These areas were discussed with Mr McWhirter and the practice manager and following the inspection evidence was submitted by way of email that confirmed that each of the matters identified had been addressed.

Following this inspection the practice manager provided confirmation that matters identified during the inspection, discussed in section 5.4, pertaining to the variation had been addressed.

The variation to registration application to increase the number of registered dental chairs from three to five is granted from a care perspective. Mr McWhirter and the practice manager are aware that separate approval has yet to be confirmed by the RQIA estates team.

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.

Before the inspection the variation to registration application was reviewed. During the inspection the newly established dental surgeries were inspected.

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

No completed staff or patient questionnaires were received 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 Riada Dental Care was undertaken on 21 March 2022; 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 was a recruitment and selection policy and procedure that adhered to legislation and best practice to ensure suitably skilled and qualified staff work in the practice.

Dental practices are required to maintain a staff register. A staff register had been implemented which was noted to be up to date and included all the required information as well as new staff who had been recruited since the last inspection. The practice manager was aware that the staff register is a live document and should be updated and amended as and when required.

A review of a sample of the personnel files for four new staff members identified that a number of recruitment records were not available. Advice and guidance was provided to the practice manager and following the inspection RQIA received confirmation by way of email that all the identified areas had been addressed. The practice manager also provided assurances 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.

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.

Review of a sample of recruitment records and 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.

As a result of the action taken by the practice manager to address the areas identified, it was demonstrated that 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 Are the dental team appropriately trained to fulfil the duties of their role?

The practice manager confirmed that 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. This was confirmed by a staff member spoken to during the inspection.

A review of staff training records identified that training records were not available to evidence that all staff had completed training in line with RQIA mandatory training. This was discussed with Mr McWhirter and the practice manager and advice and guidance was provided. Following the inspection RQIA received copies of training records that evidenced that all staff had completed training in compliance with RQIA mandatory training guidance.

Advice was provided to the practice manager on the benefit of implementing a training matrix to facilitate an overview of staff training as the staff team has grown with recent developments within the practice.

The evidence provided to RQIA following the inspection demonstrated 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 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.

Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. A review of the medical emergency equipment identified that since the previous inspection Riada Dental Care have purchased an automated external defibrillator (AED) which is held on site. It was noted that a size zero oropharyngeal airway was not in place and the needles, provided for the intramuscular administration of adrenaline medication, had exceeded their expiry dates. Mr McWhirter and the practice manager were advised to retain a check list of all emergency equipment with their respective expiry dates to ensure all equipment does not exceed their expiry dates and are available for immediate use. This list should include the expiry date for the adult and paediatric AED pads. Following the inspection RQIA received confirmation by way of email that these areas had been addressed.

During a review of the medical emergency medicines it was identified that Aspirin medication was provided in 75mg strength tablets and not the 300mg strength tablets as stated in the BNF.

It was also identified that the Glucagon, a medication used for the treatment of hypoglycaemia, was being stored in the emergency medicines box, however the expiry date had not been reviewed in accordance with the manufacturer's guidance. According to the manufacturer's guidance, Glucagon can be stored in a fridge between two and eight degrees Celsius, or if stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist. These areas were discussed with the practice manager and following the inspection, RQIA received confirmation by way of email that both of these areas had been addressed.

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.

A review of relevant records demonstrated that managing medical emergencies is included in the induction programme. It was confirmed that medical emergency training was last undertaken during October 2021. This was discussed with Mr McWhirter. Following the inspection RQIA received confirmation by way of email that medical emergency training has been arranged for the dental team on 17 January 2023.

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.

Following the actions taken to address the areas identified it was demonstrated that 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 McWhirter informed us that whilst Riada Dental Care is equipped to provide inhalation sedation this service is not currently being provided by the practice. The arrangements for the provision of inhalation sedation were not reviewed during the inspection. Following the inspection the practice manager was advised by way of e mail that should the practice reintroduce inhalation sedation, the arrangements for the provision of conscious sedation at the practice will be reviewed.

#### **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 reflected legislation and best practice guidance. The practice manager confirmed that she is the nominated lead who has responsibility for IPC and decontamination within the practice.

During a tour of some areas of the practice including the two new surgeries, 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 discussed with staff 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 records evidenced that the most recent IPC audit had been undertaken in March 2022 and therefore was due to be completed during September 2022. This was discussed with the practice manager who advised that she had planned to complete the IPC audit on completion of the works associated with the development of the two new dental surgeries. Following the inspection the practice manager confirmed that an IPS audit had been undertaken on 18 November 2022 and this included the two new surgeries. The practice manager confirmed that should the IPS audit identify areas for improvement an action plan would be generated to address the issues identified.

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.

As discussed in section 5.2.2 of this report training records submitted to RQIA following the inspection evidenced that the dental team had completed relevant IPC training and had received regular updates as included in six monthly staff meetings.

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. The design and layout of this room complied with best practice guidance.

Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. Mr McWhirter and the practice manager informed us that one of the sterilisers was not operational. A periodic test logbook was in place for the steriliser machine in use which was reviewed and evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

A record of the periodic testing in respect of the washer disinfectant was not available. Further discussion identified that the staff member responsible for undertaking the required periodic tests to be completed for the washer disinfectant was not present on the day of the inspection. It was agreed that evidence of the periodic tests undertaken for the washer disinfectant would be provided to RQIA following the inspection. On 23 November 2022 records were provided to RQIA by way of email that demonstrated the daily, weekly and monthly periodic tests had been completed in respect of the washer disinfectant. Further advice was provided to the practice manager to ensure robust records are kept regarding the recording of the monthly soil test for the washer disinfectant.

During this inspection it was established that one identified dental nurse is responsible for undertaking and recording the periodic tests for the steriliser and another identified dental nurse is responsible for undertaking and recording the periodic tests the washer disinfectant. Mr McWhirter and the practice manager were advised to ensure that sufficient staff receive training and are knowledgeable on the required periodic tests to be undertaken for all decontamination equipment. Following the inspection the practice manager confirmed by way of email that this training had been undertaken.

It was identified that the decontamination equipment had last been validated on 28 October 2021. Mr McWhirter told us that a planned validation date had been rescheduled by the equipment validation engineer and that a revised date was in place for later in November 2022. Following inspection the practice manager provided evidence by way of email confirming that validation of the decontamination equipment had been completed on 22 November 2022.

It was noted that a sharps disposal container in the decontamination room was not signed or dated on assembly. Following the inspection RQIA received confirmation by way of email that this had been addressed.

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.

As a result of the action taken by the practice management to address the areas identified it was 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 which were 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](#).

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 five surgeries, (including the two new dental surgeries), each of which has an intra-oral x-ray machine.

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 had entitled the dental team to undertake specific roles and responsibilities associated with radiology. Following inspection information was provided to RQIA via email to evidence 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. It was evidenced that the routine three yearly critical examination for x-ray equipment was undertaken for two existing surgeries on 09 July 2022 and for the third existing surgery on 02 November 2022.

It was confirmed that a critical examination and acceptance test was undertaken for the new intra-oral x-ray machines located in the two new surgeries on 26 October 2022. Examination of each of the reports generated by the RPA evidenced that all x-ray equipment had been examined and any recommendations made had been actioned.

It was noted that the equipment inventory needed to be updated in relation to the location of new x-ray equipment and this information was submitted to RQIA following the inspection.

Advice and guidance was provided to Mr McWhirter regarding the completion of the handover of radiation equipment record. RQIA was provided with assurance that this record would be completed in the future and would be monitored by the RPS.

The two new surgeries and one existing surgery were inspected. It was observed that whilst available the local rules for one new surgery had not yet been displayed near to the x-ray machine. A copy of the local rules was on display near the x-ray machines in the other two surgeries inspected and appropriate staff had signed to confirm that they had read and understood these.

In keeping with best practice, an annual justification and evaluation audit and six monthly quality grading audits of x-rays should be completed in respect of clinical team member operating x-ray equipment within the practice. It was noted that records were not available to evidence that these audits have been completed for all relevant clinical team members. This was discussed with Mr McWhirter and the practice manager. Following the inspection copies of x-rays audits were provided to RQIA which evidenced that the audits as previously outlined had been completed. Advice and guidance was provided to Mr McWhirter and the practice manager regarding the grading of x-ray audits to be applied for future audits. The role of the RPS was also discussed as the clinical team has expanded with the recent developments associated with two additional dental chairs.

Following the actions taken to address the areas identified it was demonstrated that 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 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 McWhirter was in day to day management of the practice, therefore the unannounced quality monitoring visits required by the registered provider are not applicable.

### 5.2.10 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 review of the complaints folder evidenced a number of versions of the complaints policy and procedures were retained. Mr McWhirter was able to confirm which version was currently in use. Review of the current version of the complaints policy and procedure confirmed clear guidance was outlined for patients and staff to follow regarding complaints management.

Assurances were given by Mr McWhirter that only the current version of the complaints policy would be retained to avoid confusion. 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.

Mr McWhirter confirmed that a patient satisfaction survey had recently been undertaken having been postponed since 2020 due to the COVID 19 pandemic. Mr McWhirter confirmed patient feedback was positive and that this information was published in the patient guide. Mr McWhirter told the inspectors that patient satisfaction surveys would be undertaken six monthly.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

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

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was not reviewed during this inspection.

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

The two additional surgeries were reviewed to ensure they were fully equipped to provide private dental care and treatment. The flooring was impervious and coved where it met the walls and kicker boards of cabinetry. Dedicated hand washing basins were available and pedal operated waste receptacles were in place. It was noted that some IPC equipment whilst available had yet to be installed in one of the surgeries, and the local rules were not yet displayed in the first floor surgery. Following the inspection the practice manager confirmed to RQIA via email that these actions had been addressed.

A sharps disposal container was also provided in the new first floor surgery, safely positioned and signed and dated on assembly. It was observed that the sharps disposal container in the ground floor surgery was not dated or signed. Following inspection RQIA received confirmation that this had been addressed.

The two new dental surgeries were found to be finished to a very high standard and following the actions taken following inspection, 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**

This inspection resulted in no areas for improvement being made. Findings of the inspection were discussed with Mr McWhirter, Responsible Person, as part of the inspection process and can be found in the main body of the report.



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