

Inspection Report

15 October 2024



Gate Lodge Dental

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: Mr Conor O'Hare	Registered Manager: Mr Conor O'Hare Date registered: 20 January 2023
Person in charge at the time of inspection: Mr Conor O'Hare	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Gate Lodge Dental 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.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 October 2024 from 10.00 am to 1.50 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to staff training; management of medical emergencies; infection prevention and control; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the regulations in relation to the recruitment and selection of staff and one area for improvement has been identified against the standards in relation to undertaking periodic tests in respect of the decontamination equipment.

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.

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

5.0 The inspection

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

The last inspection to Gate Lodge Dental was undertaken on 16 January 2023; no areas for improvement were identified.

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 O'Hare oversees the recruitment and selection of the dental team and he approves all staff appointments. Discussion with Mr O'Hare 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 newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required. The recruitment records not available for review were discussed with Mr O'Hare and following the inspection, RQIA received confirmation that this matter had been addressed.

It was noted that an enhanced Access NI disclosure check had been obtained after one member of staff had commenced employment in the practice. This was discussed with Mr O'Hare and an area for improvement against the regulations has been made in this regard.

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.

Addressing the area for improvement will ensure 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 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.

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

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

A review of a sample of staff training records identified that a number of training records were not available for review. This was discussed with Mr O'Hare and advice was given to ensure that all training records are retained and available for inspection. Following the inspection, RQIA received evidence that these training records were in place.

As a result of the action taken following the inspection, it is determined 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.

A review of the emergency equipment identified that some items had exceeded their expiry dates, a single use item needed to be replaced and additional items were required. These matters were discussed with Mr O'Hare and following the inspection RQIA received confirmation that these matters 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.

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.

As a result of the action taken following the inspection, it is determined that sufficient emergency medicines and equipment are 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 O'Hare confirmed that conscious sedation is not offered in Gate Lodge Dental.

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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr O'Hare. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#).

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr O'Hare confirmed that he was nominated lead who had responsibility for IPC and decontamination in the practice. Following the inspection RQIA received evidence that Mr O'Hare had undertaken IPC and decontamination training in line with his 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. A number of matters requiring further attention were identified and these were discussed with Mr O'Hare. Following the inspection, RQIA received confirmation that these matters had been addressed. 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 review of a sample of staff personnel files identified that vaccination records had not been retained in personnel files. This was discussed with Mr O'Hare and following the inspection, RQIA received confirmation that this matter had been addressed.

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.

As a result of the actions taken following the inspection, it is determined 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 (DoH).

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 the required tests to check the efficiency of the machines had been undertaken, with the exception of the weekly safety checks for the washer disinfectant, the weekly safety checks for one of the autoclaves and the daily automatic control tests for another autoclave. It was also noted that further development was required in terms of recording the periodic tests undertaken. These matters were discussed with Mr O'Hare and an area for improvement against the standards has been made in this regard.

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.

Addressing the area for improvement will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 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 Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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 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.

Mr O'Hare confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA on 10 October 2023 evidenced that the x-ray equipment had been examined. It was identified that the RPA recommendations were required to be actioned. This was discussed with Mr O'Hare and following the inspection, RQIA received assurances that this matter would be addressed.

A copy of the local rules was on display near one of the x-ray machines, however it was noted that they were not the most up to date local rules. It was also noted that local rules were not displayed near the second x-ray machine. It was observed that appropriate staff had not signed to confirm that they had read and understood the updated local rules. The issues identified in relation to the local rules were discussed with Mr O'Hare and following the inspection, RQIA received confirmation that these matters had been addressed.

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.

As a result of the actions taken following the inspection, it is determined that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.8 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.

The complaints policy and procedure provided clear instructions for patients and staff to follow, however it was identified that further development of the policy and procedure was required. This was discussed with Mr O'Hare and following the inspection, RQIA received confirmation that this matter had been addressed. 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. Advice was given to ensure the complainant's level of satisfaction was also recorded. Mr O'Hare was receptive to this advice.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mr O'Hare confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr O'Hare confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

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.

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

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 O'Hare 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 O'Hare.

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
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Mr O'Hare, Registered Person, as part of the inspection process.

The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 15 October 2024	<p>The registered person shall ensure that an enhanced Access NI disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The practice policy on recruitment was updated and highlighted that any member coming to work in the practice requires an access NI before they commence their employment, regardless of whether they are coming in as an employee or as self-employed.</p> <p>This was discussed in a staff meeting with all staff members. The recruitment checklist has also been updated and highlighted</p>
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 15 October 2024	<p>The registered person shall ensure that all periodic tests in respect of the decontamination equipment are undertaken and recorded on a daily basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary dental practices.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>HTM 01-05 was printed and each relevant member of the decontamination were given time to read it. We discussed at a practice meeting which tests need to be carried out and how often. We discussed how the tests are carried out and how to properly record them to ensure we are upkeeping with the standards.</p>

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