

# Inspection Report

12 September and 3 November 2024



## Malone Dental

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 54 Malone Road, Belfast, BT9 5BS  
Telephone number: 028 9066 1511

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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 Seamus Kennedy	<b>Registered Manager:</b> Mr Seamus Kennedy  <b>Date registered:</b> 2 April 2019
<b>Person in charge at the time of inspection:</b> Mr Seamus Kennedy	<b>Number of registered places:</b> Four increasing to five following this inspection
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> <p>Malone 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 four registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.</p> <p>A variation to registration application was submitted to RQIA to increase the number of dental chairs from four to five. This was approved following the inspection and is discussed further in section 5.4 of this report.</p>	

## 2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 12 September 2024 from 9.50 am to 1.20 pm and on 3 October 2024 from 9.30 am to 10.00 am.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during and since the last care inspection. This 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 dental chairs from four to five.

An RQIA estates officer reviewed the variation to registration application in regards to matters relating to the premises and has approved the variation application from an estates perspective.

There was evidence of good practice in relation to staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; management of complaints and incidents; and governance arrangements.

Two areas for improvement have been identified against the regulations in relation to the recruitment and selection of staff. One area for improvement has been identified against the standards in relation to the annual justification and evaluation of x-ray audits.

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 Malone Dental was undertaken on 30 September 2022; 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. Advice and guidance was provided to Mr Kennedy to further develop the recruitment policy to include all the required information as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection RQIA received confirmation that the policy had been updated.

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

A review of the staff register evidenced that eight new staff had been recruited since the previous inspection. A review of two personnel files of the newly recruited staff evidenced that not all the required recruitment records had been sought; reviewed and stored as required as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. An area for improvement against the regulations has been made in this regard.

An enhanced Access NI disclosure check had not been completed for one of the new members of staff recruited prior to commencing employment. Following the inspection, RQIA received evidence that this had been completed. 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. Advice and guidance was provided to Mr Kennedy to ensure that if a professional qualification is a requirement of the post, copies of registration checks made with the appropriate professional regulatory body are retained.

Discussion with the clinical lead confirmed that she had been provided with a job description, contract of employment/agreement and received induction training when she commenced work in the practice.

Addressing the areas 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 Kennedy to ensure that the dental team is suitably skilled and qualified. A review of two of the staff training records evidenced that not all of the training records were up to date. Advice and guidance was provided to Mr Kennedy to ensure that all staff training was up to date and following the inspection RQIA received confirmation that this matter had been addressed.

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 are immediately available as specified and do not exceed their expiry dates. However, not all of the medical emergency equipment specified was available in the practice on the day of the inspection. This was discussed and following the inspection RQIA received photographic evidence that the medical emergency equipment not available had been provided.

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.

It was identified that the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines. The action taken following the inspection will ensure that sufficient emergency medicines and equipment is in place.

### **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 Kennedy confirmed that conscious sedation is not offered in Malone 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 the clinical lead. 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](#). The clinical lead regularly checks

Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

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 clinical lead confirmed that she had responsibility for IPC and decontamination in the practice and she 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. However, it was noted that the overflow on some of the hand washing sinks had not been blanked off and the plug removed in line with best practice guidance. This was discussed with the clinical lead and Mr Kennedy and following the inspection, evidence was provided to RQIA that this matter 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 an annual basis, advice and guidance was provided to the clinical lead to complete these six monthly and assurances were given that this would be actioned and, where applicable, an action plan would be 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.

As a result of the actions taken following the inspection, it was evidenced that the dental team is adhering 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 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. It was observed that two of the sterilisers had rust on the outer casing, this was discussed with the clinical lead and Mr Kennedy. Following the inspection, RQIA received confirmation that the sterilisers had been repainted. 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.

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. The dental team 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. However, the clinical lead advised that all the dental hand pieces were being cleaned manually according to the manufacturer's instructions although some of the hand pieces were compatible with the washer disinfectant. Advice and guidance was provided to the clinical lead to process compatible hand pieces through the washer disinfectant and assurances were given that this would be actioned.

Addressing the issues highlighted above 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 five surgeries, four of which have an intra-oral x-ray machine. In addition, there is a cone beam computed tomography (CBCT) machine, which is located in a separate room. The equipment inventory reflected all the radiography equipment in place.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information was retained. One file included information relating to the intra-oral x-ray machines and the second file included information relating to the CBCT.

A review of the files 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 files to ensure that they are accurate and up to date. Advice and guidance was provided to Mr Kennedy to ensure that x-ray audits carried out by the all of the dentists are reviewed by the RPS to ensure oversight of the process.

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 Kennedy confirmed that a new CBCT machine had been installed since the previous RQIA inspection. A critical examination and acceptance test report for this was undertaken on 4 December 2023.

The most recent reports generated by the RPA in June 2024 evidenced that the intra-oral x-ray equipment in the existing four surgeries had been examined, however the recommendations made had not been signed and dated as actioned. This matter was addressed by Mr Kennedy during the inspection.

A copy of the local rules was on display near each x-ray machine observed however, it was evidenced that the copy was not the most up to date version. Advice and guidance was provided to replace these with the most up to date version and to ensure a copy of the local rules relating to the CBCT machine was on display also. Following the inspection RQIA received confirmation that this matter had been addressed. Appropriate staff had signed to confirm that they had read and understood the local rules. 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. However, it was noted during the inspection that the justification and evaluation x-ray audits had not been completed on an annual basis and following the inspection RQIA received evidence that these had been completed retrospectively. An area for improvement has been made against the standards in this regard.

Addressing the area for improvement will ensure that the radiology and radiation safety arrangements and 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. Advice and guidance was provided to Mr Kennedy to further develop the policy to include all the relevant contact information and assurances were given that this matter would be 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 and the complainant's level of satisfaction.

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 Kennedy confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. He 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 Kennedy 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 Kennedy.

#### **5.4 Are the new dental surgeries fully equipped to provide private dental care and treatment?**

A review of the new surgery evidenced that it was clean, tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring in the surgery was impervious and coved where it met the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised accessed and had been signed and dated on assembly.

A dedicated hand washing basin was available with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

The arrangements for PPE were reviewed and it was noted that PPE was readily available for the dental team in accordance with treatments provided.

It was confirmed that the newly installed dental chair had an independent bottled water system and that the dental unit water lines are appropriately managed in keeping with manufacturer's instructions. Mr Kennedy is aware that the newly installed dental chairs are required to be commissioned and the corresponding certificates retained for review by interested parties.

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the new surgery and there is a sufficient supply of reusable dental instruments to meet the demands associated with the additional surgery.

It was determined that the new dental surgery was finished to a high standard. The variation to registration application was approved from a care perspective following the inspection.

#### **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. Mr Kennedy is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

#### **5.6 Is the patient guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?**

A patient guide 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. Mr Kennedy is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

**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

Areas for improvement and details of the QIP were discussed with Mr Kennedy, the clinical lead and the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 November 2024</p>	<p>The registered person shall ensure that information required in respect of all staff who commence work in the practice as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is available for inspection.</p> <p>Ref: 5.2.1</p>
	<b>Response by registered person detailing the actions taken:</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2, as amended</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 November 2024</p>	<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>
	<b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.3</p>	<p>The registered person shall ensure that the justification and evaluation of x-rays is completed annually in keeping with best practice guidance.</p>

<b>Stated:</b> First time  <b>To be completed by:</b> 3 November 2024	Ref: 5.2.7
	<b>Response by registered person detailing the actions taken:</b>

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





The Regulation and Quality Improvement Authority

RQIA, 1<sup>st</sup> Floor  
James House  
Gasworks  
2 – 4 Cromac Avenue  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
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