

# Inspection Report

## 19 December 2022



## Pauline Taylor Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 34 High Street, Draperstown, Magherafelt, BT45 7AA  
Telephone number: 028 7962 7677

[www.rqia.org.uk](http://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

<b>Organisation/Registered provider:</b> Pauline Taylor Limited	<b>Registered Manager:</b> Mrs Pauline Taylor
<b>Responsible individual:</b> Mrs Pauline Taylor	<b>Date registered:</b> 6 March 2012
<b>Person in charge at the time of inspection:</b> Mrs Pauline Taylor	<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> Pauline Taylor 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.  A variation to registration application was submitted to RQIA to increase the number of dental chairs from four to five.	

## 2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 19 December 2022 from 11.00 am to 2.30pm. An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises.

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 four to five.

The variation to registration application to increase the number of registered dental chairs from four to five was approved from a care and estates perspective following this 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; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; 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.

Before the inspection the variation to registration application was reviewed. During the inspection the newly established dental surgery was 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 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 the last inspection?**

The last inspection to Pauline Taylor Dental Surgery was undertaken on 19 August 2021; no areas for improvement were identified.

## 5.2 Inspection findings

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

The recruitment and selection policy reviewed was in keeping with legislation and best practice guidance.

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

Dental practices are required to maintain a staff register. A review of the staff register evidenced that seven new staff had been recruited since the previous inspection. A review of a sample of personnel files of the newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

Mrs Taylor and the practice manager confirmed that new staff are issued with a job description and induction checklists were available 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.

It was determined that the recruitment of the dental team complies with the legislation and best practice guidance.

### 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 training (including induction) and professional development activities undertaken by staff, to ensure that the dental team is suitably skilled and qualified. Mrs Taylor and the practice manager were advised to develop an overarching training record to include all training topics outlined in the training guidance provided by RQIA and specify the frequency of training for each topic. This would provide a mechanism for Mrs Taylor and the practice manager to have up to date oversight and awareness of completed staff training within the practice at any given time.

It was 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. It was advised that all of the emergency drugs should be listed in the expiry date check list and Mrs Taylor and the practice manager have agreed to action this.

The medical emergency policy and procedure was not reviewed during the inspection however this was submitted to RQIA by email following the inspection. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

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

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

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

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

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

Mrs Taylor and the practice manager confirmed that conscious sedation is not offered in the dental practice.

### **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. Mrs Taylor and the practice manager confirmed there was an identified staff member who had responsibility for IPC and decontamination in the practice. It was confirmed this staff member had undertaken IPC and decontamination training in line with their continuing professional development.

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

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

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

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

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

It was determined that the dental team are 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 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. Discussion with staff and a review of a sample 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.

A review of decontamination procedures evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

It was determined 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?**

Mrs Taylor and the practice manager confirmed that there were COVID-19 policies and procedures in place 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 increased to five surgeries each of which have an intra-oral x-ray machine. In addition there is orthopan tomogram machine (OPG), which is located in a separate room. The equipment inventory had not been updated to reflect that an intra-oral x-ray machine had been installed in the new fifth surgery. This was discussed and following the inspection RQIA received confirmation by email that this had been actioned.

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

The dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information were retained with the exception of the details of the new intra-oral x-ray machine installed in the new fifth surgery. This was discussed and following the inspection RQIA received confirmation by email that the file had been updated accordingly.

Mrs Taylor confirmed that as the Employer and RPS she had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training.

Mrs Taylor 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.

The critical examination and acceptance test report submitted by email to RQIA immediately following the inspection was reviewed for the newly installed intra-oral x-ray machine in the additional fifth surgery. Mrs Taylor confirmed that they had sent the critical examination and acceptance test report to their RPA and they were waiting for a report to be generated by the RPA to evidence that the new x-ray equipment had been examined and any recommendations made had been actioned. Following the inspection RQIA received confirmation by email to confirm that the RPA had reviewed the critical examination and acceptance test and no recommendations had been made.

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

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

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

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

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. The practice manager confirmed that they undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision.

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

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

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

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

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

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

Mrs Taylor confirmed that she is 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 Mrs Taylor and the practice manager.

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

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

The new fifth surgery was found to be tidy, uncluttered and work surfaces were intact and easy to clean.

The flooring was impervious and covered where it met the walls. A dedicated hand wash basin was available and during the inspection hand hygiene signage was displayed in the surgery.

It was confirmed that the newly installed dental chair dental unit water line (DUWL) will be managed in keeping with the manufacturer's instructions.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

The new dental surgery was found to be finished to a very high standard and was fully equipped to provide private dental care and treatment.

### 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. Mrs Taylor and the practice manager are 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, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was available in a recognised format to include 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. Mrs Taylor and the practice manager are 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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Taylor and the practice manager as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
**Quality Improvement**  
**Authority**

The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

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