

# Inspection Report

## 14 November 2023



### Lisburn Dental Clinic

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 David Hanna	<b>Registered Manager:</b> Mr David Hanna  <b>Date registered:</b> 13 September 2011
<b>Person in charge at the time of inspection:</b> Mr David Hanna	<b>Number of registered places:</b> Two
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Lisburn Dental Clinic 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.  It was identified there is the potential for a third dental surgery on the first floor. Mr Hanna is aware that a variation to registration application must be submitted to RQIA for approval prior to any new surgery becoming operational.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 14 November 2023 from 10.30 am to 1.00 pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified since the last care inspection.

There was evidence of good practice in relation to; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

Two areas for improvement have been identified against the regulations to; ensure that all required recruitment records are sought and in place for any new staff member prior to the commencement of their working in the practice and; to ensure that all staff working in the practice undertake management of medical emergency training as outlined in the RQIA training guidance.

Two areas for improvement have been identified against the standards to; ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the specified age groups in accordance with best practice and; to provide RQIA with evidence that all staff have completed medical emergency training scheduled to take place in January 2024.

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 patient questionnaires were received prior to the inspection.

Three staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were either satisfied or very satisfied with each of these areas of patient care. One staff response included comments indicating they enjoyed working in the dental practice

### **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 Lisburn Dental Clinic was undertaken on 17 December 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 arrangements in respect of the recruitment and selection of staff were reviewed. A recruitment policy and procedure was in place however it was identified that further development was needed to ensure the recruitment process clearly outlines all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, to be sought and retained in respect of any new staff member. Advice and guidance was provided in this regards. On 28 November 2023 RQIA received a copy of the updated recruitment policy which was seen to include all the required information as advised.

As outlined within the regulations, dental practices are required to maintain a staff register. It was noted that a staff list was available that included information of the current staff working in the practice. Mr Hanna was advised that the staff register is a live document that should contain specific information of all staff members who have worked in the practice since registration with RQIA. On 28 November 2023, RQIA received confirmation by email that a staff register was now in place that included name, date of birth, registration details, and employment dates for all staff members who had ever worked in the practice as advised.

Mr Hanna oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Hanna confirmed that two staff members had been appointed since the last RQIA inspection.

A review of the two new staff member's recruitment records identified that not all of the required recruitment records had been sought and retained for each staff member. The missing records were discussed with Mr Hanna who was advised to provide assurances that these documents are sought retrospectively. On 28 November 2023 RQIA received an email from Mr Hanna which outlined the action he had taken to satisfactorily address this matter. An area for improvement has been identified against the regulations to ensure that all required records are sought and in place for any new future staff member prior to the commencement of their working in the practice.

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 recruitment of the any new dental team member will comply 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 arrangements in respect of staff training were reviewed. Mr Hanna confirmed that the dental team takes part in ongoing training to update their knowledge and skills, relevant to their role, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements, however, records of training were not held on site.

A discussion took place with Mr Hanna and staff regarding the need for retaining evidence to verify the completion of mandatory training as outlined in the RQIA training guidance. Mr Hanna told us that he is assured that staff complete continuing CPD training in keeping with the GDC. Mr Hanna was advised that whilst it is the responsibility of GDC registrants to keep up to date with their CPD activities, the CPD learning activities do not always meet RQIA training requirements. Mr Hanna was advised that training records should be in place for each staff member in relation to the following areas: fire safety, infection prevention and control (IPC) and decontamination, dealing with medical emergencies and resuscitation, safeguarding of adults, children and young people and radiology and radiation protection, as outlined in the RQIA training guidance. Advice and guidance was provided to Mr Hanna and it was suggested that consideration be given to the implementation of an over-arching staff training matrix that would provide an immediate overview of the status of staff training. An area for improvement has been made against the regulations to ensure that all staff undertake training in accordance with the RQIA training guidance and that training records are retained and are available for inspection.

Mr Hanna was advised to review the staff training policy and procedures in place to ensure they include the areas of mandatory training to be completed within the appropriate time frames and that training records are retained and available for inspection.

Addressing the area for improvement will ensure 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.

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 system was in place to ensure that emergency medicines do not exceed their expiry date and are immediately available. It was noted that Buccolam medication in pre-filled syringe 10mg (adult dose) was in place. Guidance had previously been issued to all dental practices advising that partial doses of this medication should not be administered to any age group, therefore the current stock of Buccolam would not enable the administration of potentially two 7.5mg, 5mg or 2.5mg doses, to the age groups as outlined in the BNF.

An area for improvement has been made against the standards to ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the specified age groups in the event of a medical emergency occurring.

Review of the medical emergency equipment confirmed that the medical emergency equipment was in place in accordance with the Resuscitation Council (UK). Mr Hanna informed us that the automated external defibrillator (AED) paediatric pad had exceeded its expiry date and evidence was provided to confirm that this item had been ordered.

Mr Hanna confirmed that managing medical emergencies is included in the induction programme and that refresher training is provided annually in-house for all staff to attend. A review of records demonstrated the most recent medical emergency refresher training took place on 13 September 2022. Mr Hanna informed us that medical emergency training was booked to take place during January 2024. An area for improvement has been identified against the standards to provide RQIA with evidence that all staff working in the practice have completed medical emergency training in January 2024.

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.

Addressing the areas for improvement will ensure that emergency medicines and equipment are available and ready for use and that all members of the dental team are 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 Hanna confirmed that conscious sedation is not offered in Lisburn Dental Clinic.

#### **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. Discussion with staff confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. It was confirmed that the lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development. As previously discussed training records should be retained and available for inspection.



During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. It was noted that the walls of the decontamination room had areas of flaking paint, this was discussed with Mr Hanna who advised that plans are in place to re-paint the entire practice. It was identified that a record is not retained to evidence that general cleaning of all areas of the practice has been undertaken in keeping with best practice, advice and guidance was provided in this respect. On 28 November 2023, RQIA received confirmation by email, that colour coded cleaning equipment as per the National Patient Safety Agency with visible signage was in place and that a cleaning schedule and records of cleaning had been implemented.

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. As previously discussed training records should be retained to evidence that the dental team had completed relevant IPC training and had received regular updates.

As a result of the actions taken to address the areas as outlined above, it was demonstrated that the dental team will apply 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 all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team confirmed that all handpieces are hand washed prior to sterilisation. This was brought to the attention of Mr Hanna and following the inspection RQIA received confirmation that staff will follow the handpieces manufacturers' instruction of decontamination, and those items with the washer disinfecter compatible symbol will be processed through the washer disinfecter prior to sterilisation in keeping with HTM 01-05.

Staff confirmed that they had completed 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.

Following the actions taken to address the matter identified during this inspection, the decontamination arrangements now ensure 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 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 management of operations was discussed with members of the dental team and 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 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.

The most recent report generated by the RPA (11 January 2022) evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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.

It was identified that the x-ray quality audits were undertaken annually rather than on a six monthly basis in keeping with best practice and the annual justification and clinical evaluation audit had not been completed for one dentist. This was brought to the attention of Mr Hanna and following the inspection, RQIA received confirmation that these matters had been addressed.

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. Mr Hanna was advised to update this policy with details of the Strategic Planning and Performance Group (SPPG) and with RQIA's new address. On 28 November 2023, RQIA received a copy of the updated complaints policy which demonstrated this policy had been updated as advised.

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 Hanna confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Hanna 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 services 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.

#### **5.2.10 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.

Mr Hanna 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 were reviewed. It was demonstrated that arrangements are in place to implement the collection of equality data within Lisburn Dental Clinic.

### 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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	2

Areas for improvement and details of the QIP were discussed with Mr David Hanna, Registered Person/Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	<p>The registered person shall ensure that all required recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended; are in place for any person intended to work in the practice prior to commencement of their employment and these records should be retained for inspection.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The staff recruitment policy has been revised to include the records stipulated in the Independent Health Care Regulations (Northern Ireland). All records have been updated and are stored in the staff personnel files and available for inspection.</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 18 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	<p>The registered person shall ensure that all staff complete training in accordance with the RQIA training guidance and that training records are retained and are available for inspection.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff training template has been created to document training in Medical Emergencies/CPR, Radiology, Safeguarding, IPC and Fire Safety for all staff members.</p>
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	<p>The registered person shall ensure that Buccolam medication is provided in sufficient doses and quantity to enable two doses to be administered to the age groups as specified in the British National Formulary (BNF) in the event of a medical emergency occurring.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The practice previously held 4x5ml tubes of buccolam. An additional requisition has been made for 4x2.5mg tubes to allow for administration of 7.5mg if required.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	<p>The registered person shall provide RQIA with evidence that all staff have completed medical emergency training scheduled to take place in January 2024.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  CPR and medical emergency training carried out on Tuesday 9<sup>th</sup> January 2024- records retained.</p>

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



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