

Inspection Report

24 July 2023



B M Withers Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 25 Linenhall Street, Ballymena, BT43 5AJ
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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

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|---|--|
| Registered Provider: Mr Benjamin Withers Responsible Person Mr Benjamin Withers | Registered Manager: Mr Benjamin Withers Date registered: 29 July 2014 |
| Person in charge at the time of inspection: Mr Benjamin Withers | Number of registered places: One |
| Categories of care: Independent Hospital (IH) – Dental Treatment | |
| Brief description of the accommodation/how the service operates: B M Withers Dental Practice 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 one registered dental surgery and provides general dental services, private and health service treatment and offers sedation (intravenous sedation). | |

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 24 July 2023 from 10.00 am to 12.15 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 the recruitment and selection of staff; staff training; management of conscious sedation; 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 inspection was facilitated by Mr Withers, Responsible Person, and a dental nurse.

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.

Four patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Patient responses included positive comments pertaining to the professional and reassuring conduct of staff.

One staff member submitted a questionnaire response. They indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led.

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 B M Withers Dental Practice was undertaken on 23 September 2021; 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 Withers oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Withers confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that no new staff had been recruited since the previous inspection. Mr Withers confirmed that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

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.

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 Withers to ensure that the dental team is suitably skilled and qualified.

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.

Emergency medicines and equipment were available, with the exception of adrenaline 1mg/ml (1:1000) ampoules. Discussion with Mr Withers confirmed that the practice was actively seeking a replacement stock of adrenaline ampoules. Advice was provided to Mr Withers to replace the adrenaline stock as a matter of urgency and on 26 July 2023 RQIA received confirmation that the adrenaline ampoules had been received at the practice and were stored accordingly with the emergency medications and equipment.

It was observed that oropharyngeal airways in size zero and size two were not available. Advice and guidance was provided to Mr Withers in this regard and following inspection RQIA received confirmation that the two oropharyngeal airways had been received at the practice and

were stored accordingly with the emergency medications and equipment. 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.

Advice was provided to Mr Withers to further develop arrangements for the checking of emergency drugs and equipment, so that they can be immediately available as specified and do not exceed their expiry dates. Following the inspection RQIA received confirmation that arrangements had been further developed and implemented in this regard and that the dental team had been appraised of these developments.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually. Records verified that staff last completed medical emergency refresher training June 2023. Members of the dental team were able to describe the actions they would take in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

As a result of the action taken following the inspection sufficient medicines and equipment are in place and the dental team 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 Withers confirmed that conscious sedation is provided using intravenous (IV) sedation and is only offered to patients over the age of 18.

There was a conscious sedation policy in place and that was comprehensive and reflected the legislation and best practice guidance.

Review of the environment and equipment evidenced that conscious sedation is being managed in keeping with the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

A sample of clinical records of patients who had treatment using conscious sedation was reviewed. These records included all of the required information regarding the sedation technique provided and the care of the patient during treatment. Information was available for patients in respect of the treatment provided and aftercare arrangements.

The dental team involved in the provision of conscious sedation must receive appropriate supervised theoretical, practical and clinical training. Training records evidenced that all relevant members of the dental team had completed appropriate training.

The medicines used during IV sedation were securely stored and systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines.

A review of records and discussion with the practice manager demonstrated that a full patient assessment to confirm the dental treatment required and the clinical need for intravenous sedation is undertaken by the dentist providing the sedation.

It was confirmed that clinical records for patients who had treatment using intravenous sedation include a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for intravenous sedation including monitoring, the treatment procedure and the subsequent recovery and discharge.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

A review of training records evidenced that all relevant members of the dental team had completed 12 hours of sedation related, verifiable continuing professional development (CPD) in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation. Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training undertaken during June 2023 demonstrated that all the main elements of ILS training as outlined in Appendix 2 of [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#) were included.

There are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

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.

Mr Withers told us there was a nominated lead who had responsibility for IPC and decontamination in the practice. The lead 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. All areas of the practice observed were equipped to meet the needs of patients.

It was observed that some cleaning products were not stored securely in line with current legislation and guidance. This was discussed with Mr Withers and his team and following inspection we received confirmation that the items were now kept in safe storage.

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.

As a result of the action taken it was determined that IPC arrangements adhere to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health.

There 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 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.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were in keeping with the [Infection Prevention and Control Manual for Northern Ireland](#), however they did not reflect the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#).

This was discussed with Mr Withers who confirmed to RQIA following inspection that a copy of March 2023 guidance had been obtained, filed and shared with members of the dental team. Mr Withers confirmed that there is an identified COVID-19 lead staff member and gave assurances that arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

As a result of the action taken following the inspection and the assurances provided it was determined that arrangements are in place to ensure 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 one surgery 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. A critical examination and acceptance test report for the intra-oral x-ray was undertaken on 20 October 2021. The most recent report generated by the RPA 10 November 2021 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 the x-ray machine 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. Advice was given to Mr Withers to further develop the complaints policy to include RQIA's current address and contact details for the Strategic Planning and Performance Group (SPPG). Following inspection RQIA received confirmation that these matters 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 and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mr Withers confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Withers 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.

As a result of the actions taken following inspection it was determined that systems are in place to ensure that complaints and incidents are 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 Withers 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 Withers.

6.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 0 | 0 |

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



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