

Inspection Report

23 June 2022



Radiance Oral Healthcare

Type of service: Independent Hospital (IH) – Dental Treatment

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Mr Trevor Buchanan	Registered Manager: Mr Trevor Buchanan Date registered: 20 December 2012
Person in charge at the time of inspection: Mr Trevor Buchanan	Number of registered places: Two
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Radiance Oral Healthcare 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 (HSC) and does not offer conscious sedation. Prior to this inspection a variation to registration application was submitted to RQIA to make the following changes; reconfiguration of the patient waiting area to include a reception area; relocation of surgery two to include the fitting of a new dental chair and units; and the provision of a dedicated staff area.	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by two care inspectors on 23 June 2022 from 10.00 am to 1.00 pm.

An RQIA estates support officer reviewed the variation to registration application on matters relating to the premises and will inform Mr Buchanan, Registered Person, of the outcome of their review in due course.

A care inspection was not undertaken during the 2021/22 inspection year therefore this inspection focused on the themes for the 2021/22 inspection year. This inspection also assessed progress with any areas for improvement identified during or since the last care inspection reviewed the readiness of the practice in respect of the variation to registration application as outlined above.

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.

One area for improvement has been made against the standards to ensure the pressure vessels are inspected and records are retained for inspection.

The variation to registration application to reconfigure the patient waiting area to include a reception area; to relocate surgery two to include the fitting of a new dental chair and units; and the provision of a dedicated staff area is granted from a care perspective. Mr Buchanan is aware that separate approval has yet to be confirmed by the RQIA estates team.

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 alterations and arrangements made in respect of the variation to registration application were viewed and discussed with Mr Buchanan and the practice manager.

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 Radiance Oral Healthcare was undertaken on 1 December 2020; 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 Buchanan and the practice manager oversee the recruitment and selection of the dental team and approve all staff appointments. Discussion with Mr Buchanan and the practice manager confirmed that they 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 Buchanan and the practice manager 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.

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 the registered person 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.

A system was in place to ensure that emergency medicines do not exceed their expiry date and are immediately available. It was identified that the Buccolam medication was not provided in the prefilled syringe format as advised by the Department of Strategic Planning and Performance Group (SPPG), dental department, in correspondence issued during 2018. It was noted that the format of Buccolam in place was a new format that had become available since the issuing of the SPPG's 2018 correspondence. This was discussed with Mr Buchanan and the practice manager who were advised that RQIA will follow up on this matter separately from this inspection.

It was noted that the Glucagon medication was not stored in the fridge, and the expiry date had not been revised in keeping with the manufacturer's instructions in this regard. The storage requirements of the Glucagon medication was discussed with Mr Buchanan and the practice manager. On 8 July 2022 RQIA received an email confirming the expiry date of the Glucagon medication had been revised and recorded in keeping with the manufacturer's instructions.

Review of the medical emergency equipment identified that a portable suction appliance and oropharyngeal airways in sizes zero to four were not in place. On 8 July 2022 RQIA received photographic verification that a portable suction appliance and oropharyngeal airways in sizes zero to four 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.

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.

Mr Buchanan confirmed that conscious sedation is not offered in Radiance Oral Healthcare.

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. It was confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse 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 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 an annual basis and, where applicable, an action plan was generated to address any improvements required. Mr Buchanan and the practice manager were advised that the IPC audit should be undertaken on a six monthly basis in keeping with best practice guidance. On 8 July 2022 RQIA received a copy of an up to date IPC audit that also included the recent changes in respect of relocating surgery.

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.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

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

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

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. However, the written scheme of examination inspection report in respect of the pressure vessels was not available to review during the inspection. This was discussed with Mr Buchanan and the practice manager. On 8 July 2022 RQIA received an email stating that the pressure vessels will be inspected however a date had yet to be confirmed. In order for RQIA to be assured that the pressure vessels are inspected an area for improvement has been made against the standards in this regard.

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. The completion of pressure vessels inspection under a written scheme of examination will further strengthen this area.

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 (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 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 Mr Buchanan as 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. Mr Buchanan is also the RPS and oversees radiation safety within the practice and 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. It was evidenced the RPA had undertaken a quality assurance test on the 18 June 2021 however a copy of the report generated by the RPA following this visit was not available. This was discussed with Mr Buchanan and the practice manager and on 8 July 2022 a copy of this report was provided to RQIA. A review of this report confirmed that the action plan section had been completed to verify that any recommendations made had been addressed.

It was confirmed that a critical examination and acceptance test had been undertaken on 27 May 2022 for the new intra-oral x-ray machine in the relocated dental surgery. The RPA report was available and evidenced that the recommendations made had been addressed.

A copy of the local rules was on display near each 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 in the main all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. A review of records evidenced that quality grading audits had been completed six monthly in keeping with best practice, however an annual justification and evaluation audit was not available to review. This was discussed with Mr Buchanan and the practice manager and on 8 July 2022 a copy of this audit was received by RQIA. Assurance was provided that a justification and evaluation audit will be completed annually and retained for inspection.

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, however it was identified that name and address of RQIA was not included. Advice and guidance was provided and following the inspection RQIA received an updated complaints policy that included the required detail in respect of RQIA 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 confirmed that no complaints had been received since the previous inspection.

Discussion with Mr Buchanan and the practice manager confirmed that an incident policy and procedure was in place which included the reporting arrangements to RQIA. Mr Buchanan and the practice manager 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 Buchanan 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 Buchanan and staff.

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 Radiance Oral Healthcare.

5.4 Is the relocated dental surgery fully equipped to provide private dental care and treatment?

The relocated dental surgery was reviewed to ensure it was fully equipped to provide private dental care and treatment.

The surgery was tidy, uncluttered and work surfaces were intact and easy to clean. The flooring was impervious and coved where it met the walls and kicker boards of cabinetry. A dedicated hand washing basin was available and hand hygiene signage was displayed.

The newly installed dental chair had an independent bottled-water system and dental unit water lines (DUWLs) 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 relocated dental surgery was found to be finished to a high standard and is compliant with best practice guidance.

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. Mr Buchanan 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, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was available in a recognised format which covered 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. Mr Buchanan 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

An area for improvement has been identified where action is required to ensure compliance with [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and detail of the QIP were discussed with Mr Buchanan, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 14.4 Stated: First time To be completed by: 23 July 2022	The registered person shall ensure that pressure vessels are inspected under the written scheme of examination and records retained.
	A copy of the written scheme of examination inspection report should be forwarded to RQIA on completion. Ref: 5.2.6
	Response by registered person detailing the actions taken: Engineering Inspections Ireland Ltd have been contracted to carry out inspections of the pressure vessels and provide a WSE. An engineer is scheduled to carry out these inspections on 12 th September 2022

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



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