

# Inspection Report

29 July 2024



## Radiance Oral Healthcare

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 19 St Brides Street, Carrickfergus, BT38 8AF  
Telephone number: 028 9336 6909

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

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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 Trevor Buchanan	<b>Registered Manager:</b> Mr Trevor Buchanan  <b>Date registered:</b> 20 December 2012
<b>Person in charge at the time of inspection:</b> Mr Trevor Buchanan	<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> 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 and does not offer conscious sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 29 July 2024 from 10.00 am to 1.30 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during and since the last care inspection.

There was evidence of good practice in relation to staff training; infection prevention and control; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents; and governance arrangements.

Three areas for improvement have been identified against the regulations in relation to undertaking Access NI disclosure checks, pressure vessel testing and servicing of the x-ray equipment.

Two areas for improvement have been identified against the standards in relation to the provision of emergency medicines specifically Buccolam in the required doses and radiology and radiation safety.

No immediate concerns were identified regarding the delivery of front line patient care.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

### 4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

### 5.0 The inspection

#### 5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 June 2022		
Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time	The registered person shall ensure that pressure vessels are inspected under the written scheme of examination and records retained.	<b>Met</b>
	A copy of the written scheme of examination inspection report should be forwarded to RQIA on completion.	
	<b>Action taken as confirmed during the inspection:</b> Following the previous inspection, a copy of the written scheme of inspection was forwarded to RQIA to confirm that the pressure vessel testing had been undertaken on 12 September 2022 therefore this area for	

	improvement has been assessed as met. However, during this inspection the certificate was not available to confirm that the pressure vessels had been inspected under the written scheme of examination since 12 September 2022 therefore an area for improvement against the regulations has been made as a result of this inspection. This is discussed further in section 5.2.6 and section 6.0.	
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## 5.2 Inspection findings

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

The recruitment and selection policy reviewed was not in keeping with legislation and best practice. Advice and guidance was provided to Mr Buchanan and the practice manager to further develop the recruitment policy to include all the information required as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection, RQIA received confirmation that this matter had been addressed.

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 an understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of the personnel file of the newly recruited staff member evidenced that not all relevant recruitment records had been sought; reviewed and stored as required. This was discussed with the Mr Buchanan and the practice manager and following the inspection, RQIA received evidence that this matter had been addressed.

It was identified that the enhanced Access NI disclosure check for the newly recruited staff member had been completed after the date the staff member commenced employment. An area for improvement against the regulations has been made in this regard.

There was evidence of job descriptions and induction checklists for the different staff roles. 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 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 Buchanan 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. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. However, Buccolam pre filled syringes were not available in sufficient doses as recommended by the Strategic planning and Performance Group (SPPG) and the BNF. This matter was discussed with Mr Buchanan and the practice manager and assurance was given that additional doses of Buccolam would be provided as a matter of urgency as recommended. An area for improvement against the standards has been made in this regard.

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.

Emergency equipment was in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines. Addressing the area for improvement will ensure that sufficient emergency medicines are in place.

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

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

Mr 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. Mr Buchanan 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 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.

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 (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. During the previous inspection an area for improvement had been made against the standards to undertake pressure vessel testing, and RQIA received confirmation following that inspection that this matter had been addressed. However, during this inspection evidence was not available to confirm that the pressure vessels had been inspected since 12 September 2022. This issue was discussed with Mr Buchanan and the practice manager and, following the inspection, RQIA received confirmation that the pressure vessels would be tested on 12 August 2024 and evidence would be submitted to RQIA on completion. An area for improvement against the regulations has been made 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.

Addressing the area for improvement will ensure that the dental team are adhering to legislation and 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 in response to patients on the respiratory pathway was discussed with the practice manager. It was confirmed that 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. The RPS is required to oversee radiation safety within the practice and should regularly review the radiation protection file to ensure that it is accurate and up to date. However, records were not available to confirm that the RPS had reviewed the radiation protection file. The most recent report generated by the RPA on 2 July 2024 was not included in the file. This was discussed with Mr Buchanan and the practice manager and, following the inspection, RQIA received evidence that this issue had been addressed.

The Employer is responsible for entitling the dental team to undertake specific roles and responsibilities associated with radiology and for ensuring that these staff have completed appropriate training. It was identified that entitlement records were incomplete and this matter was discussed with Mr Buchanan. Following the inspection, RQIA received evidence that this matter had been addressed.

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 practice manager confirmed that no new radiology equipment had been installed since the previous inspection.

The most recent report generated by the RPA on 2 July 2024 evidenced that the x-ray equipment had been examined and evidence was provided to RQIA following the inspection that the recommendations made by the RPA had been signed and dated as actioned by the RPS.

A copy of the local rules was on display near each x-ray machine observed however staff had not signed to confirm that they had read the local rules. Following the inspection, RQIA received confirmation that this matter 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 measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing. A review of records evidenced that quality grading x-ray audits had been completed six monthly in keeping with best practice, however an annual justification and clinical evaluation recording audit was not available to review. This was discussed with Mr Buchanan and the practice manager and following the inspection a copy of this audit was submitted to RQIA. Assurance was provided by Mr Buchanan that a justification and evaluation audit will be completed annually and retained for inspection.

As a result of the matters identified above in relation to radiology and radiation safety an area for improvement against the standards has been made.

Evidence of the servicing of the x-ray equipment was not available to review during the inspection. Following the inspection RQIA received confirmation that the x-ray equipment would be serviced on 12 August 2024. A further area for improvement against the regulations has been made in this regard.

Addressing the areas for improvement in relation to radiology and radiation safety will strengthen the arrangements and procedures in place to ensure that 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 not all the required information was included in the policy. Following the inspection, RQIA received confirmation that this 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 Buchanan and the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. They confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

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

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

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

### 5.2.10 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 the practice manager.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the QIP were discussed with Mr Buchanan and the practice manager 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 <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2, as amended  <b>Stated:</b> First time	The registered person shall ensure that an enhanced Access NI disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future.  Ref 5.2.1

<b>To be completed by:</b> 29 July 2024	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2024	<p>The registered person shall ensure that robust arrangements are in place to ensure that the pressure vessels are inspected in accordance with the written scheme of examination and records are retained.</p> <p>A copy of the written scheme of examination inspection report should be forwarded to RQIA on completion.</p> <p>Ref: 5.2.6</p> <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2024	<p>The registered person shall ensure that x-ray equipment is serviced in accordance with manufacturers' instructions and records are retained.</p> <p>Ref: 5.2.8</p> <b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2024	<p>The registered person shall ensure that Buccolam is provided in sufficient doses and quantities as recommended by the Strategic Planning and Performance Group (SPPG) and the British National Formulary (BNF).</p> <p>Ref 5.2.3</p> <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2024	<p>The registered person shall ensure that the management of radiology and radiation safety is reviewed. This includes the following:</p> <ul style="list-style-type: none"> <li>• the radiation protection file is reviewed annually by the radiation protection supervisor</li> <li>• all relevant members of the dental team are to sign to confirm they have read the local rules</li> <li>• all relevant members of the dental team must be entitled</li> <li>• x-ray justification and clinical evaluation audits are to be</li> </ul>

	undertaken annually Ref 5.2.8
	<b>Response by registered person detailing the actions taken:</b>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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

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