

# Inspection Report

20 January 2023



## Stephen Forster Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 1 Church Street, Rosslea, BT92 7DD  
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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 Stephen Forster	<b>Registered Manager:</b> Mr. Stephen Forster
<b>Responsible Individual:</b> Stephen Forster	<b>Date registered:</b> 4 July 2012
<b>Person in charge at the time of inspection:</b> Mr. Stephen Forster	<b>Number of registered places:</b> One
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Stephen Forster Dental Surgery is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has one registered dental surgery 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 a care inspector on 20 January 2023 from 11.00 am to 2.30 pm.

The inspection focused on the themes for the 2022/23 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to staff training; 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.

One area for improvement stated against the standards has been identified in relation to the recruitment and selection of staff.

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 practice?

We issued posters to Stephen Forster Dental Surgery 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 Stephen Forster Dental Surgery was undertaken on 9 March 2021; no areas for improvement were identified.

### 5.2 Inspection findings

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

A recruitment and selection policy and procedure was in place. Following a review of this policy advice and guidance was provided to further develop the policy and procedure to reflect the arrangement for making AccessNI enhanced disclosure checks for all newly recruited staff. A discussion took place about these checks being completed against the barred list if applicable. Following the inspection RQIA received confirmation that the policy had been updated to include this.

Mr Forster oversees the recruitment and selection of the dental team and approves all staff appointments, he is supported by the practice manager.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information, was kept up to date and that two new staff had been recruited since the last inspection. The personnel files of the newly recruited staff were reviewed. In the main recruitment records as specified within in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended had been retained. It was noted that the personnel files did not include two written references; evidence of photographic identification and a criminal conviction declaration completed by the staff member. This was discussed during the inspection and the practice manager stated that photographic identification and references had been sought as part of the recruitment and selection process but had not been retained. Guidance and support was provided to the practice manager to assist with the development of a criminal conviction declaration check and following the inspection RQIA received confirmation that the two personnel files had been updated to include the relevant information and that a process to seek criminal conviction declarations in the future had been implemented. An area for improvement against the standards has been made in relation to the recruitment and selection of staff.

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 the practice manager confirmed staff are 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 in relation to the recruitment and selection of staff will ensure 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.

An overarching training matrix was in place as well as a record of all training (including induction) and professional development activities undertaken by staff, which is overseen by the practice manager 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.

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.

Systems were in place to ensure that emergency medicines and equipment are immediately available and to ensure emergency medicines had not exceeded their expiry dates. It was observed that oropharyngeal airways sizes 0-4 had exceeded their expiry dates and a pocket mask with oxygen port was not available as required. Advice and guidance was provided to further develop the document used to monitor medical emergency medicines and equipment to include a pocket mask and the expiry dates of equipment; to replace the oropharyngeal airways and to purchase a pocket mask with oxygen for the practice. Following the inspection RQIA received confirmation that these actions had been addressed.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually. The records reviewed verified that the staff last completed medical emergency refresher training during January 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.

Following the actions taken to address the areas identified it was demonstrated that all 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.

The practice manager confirmed that conscious sedation is not offered in Stephen Forster Dental Surgery.

### **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. The practice manager 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 the IPC lead dental nurse 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 the most recent IPS audit had been undertaken in January 2023, 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).

Policies and procedures were 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.

The records showed 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 Health and Social Care [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 one surgery which has an intra-oral x-ray machine and the equipment inventory reflected this.

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.

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 identified that that the Employer had entitled all but one of the dental team to undertake specific roles and responsibilities associated with radiology. This member of the dental team was currently on a leave of absence and was not carrying out any specific roles or responsibilities associated with radiology in the practice. Advice and guidance was provided to ensure that appropriate entitlements were in place upon on their return to work. Following the inspection RQIA received confirmation that the appropriate entitlements for the staff member were now in place. The Employer had ensured that the entitled 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 dated 18 September 2020 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned. The practice manager confirmed that no new x-ray equipment has been installed since the most recent RPA report.

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.

As a result of the actions taken following the 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 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 Forster was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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

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

A complaints policy and procedure was in place however this was not reviewed during this inspection. It was confirmed that 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.

The practice manager confirmed 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.

The practice manager confirmed that no complaints had been received since the previous inspection and 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.

The incident policy and procedure was not reviewed during this inspection. The practice manager confirmed arrangements in place for responding to an incident which includes the reporting arrangements to RQIA. All relevant incidents were reported to RQIA and other relevant organisation in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths.

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

#### **5.11 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 not reviewed during this inspection.

**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
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Mr Forster, Responsible Person and the practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the <a href="#">Minimum Standards for Dental Care and Treatment (March 2011)</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 January 2023</p>	<p>The registered person shall ensure that recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Further to our Practice inspection we now have obtained all the necessary documentation for our new employees which include qualifications and references as advised. In our future employment process we will now ensure that all of these documents are obtained and filed for every new member of staff as per the standards and regulations.</p>
	Empty space for further response or comments

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



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