

# Inspection Report

8 April 2022



## South Down Healthcare Limited

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: Custom House, 22 Merchant Quay, Newry, BT35 6AH  
Telephone number: 028 3025 1715

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

---

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> South Down Healthcare Limited	<b>Registered Manager:</b> Ms Paula McHenry
<b>Responsible Individual:</b> Ms Paula McHenry	<b>Date registered:</b> 13 June 2012
<b>Person in charge at the time of inspection:</b> Ms Paula McHenry	<b>Number of registered places:</b> Five
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of the accommodation/how the service operates:</b> South Down Healthcare Limited 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 five registered dental surgeries and provides private general dental services and offers conscious sedation, if clinically indicated.  A variation to registration application was submitted to RQIA to increase the number of dental chairs from five to seven.	

## 2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by two care inspectors on 8 April 2022 from 11.00 am to 3.55 pm.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and will inform Ms McHenry, Responsible Individual, of the outcome of their review in due course.

The inspection focused on the themes for the 2021/22 inspection year, assessed progress with any areas for improvement identified during or since the last care inspection and reviewed the readiness of the practice for the provision of dental care and treatment associated with the application of variation to registration for two additional dental chairs.

There was evidence of good practice in relation to the recruitment and selection of staff; the management of conscious sedation; infection prevention and control; decontamination of reusable dental instruments; the practice's adherence to best practice guidance in relation to

COVID-19; radiology and radiation safety; management of complaints; and governance arrangements.

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

The variation to registration application to increase the number of registered dental chairs from five to seven is granted from a care perspective. Ms McHenry 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 newly established dental surgeries were inspected.

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 the practice prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed staff or patient questionnaires were submitted prior to the inspection.

### **5.0 The inspection**

#### **5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?**

The last inspection to South Down Healthcare Limited was undertaken on 8 September 2020 and no areas for improvement were identified.

### **5.2 Inspection findings**

#### **5.2.1 Does the practice's recruitment and selection procedure comply with all relevant legislation?**

There were robust recruitment and selection policies and procedures that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice.

Mrs McHenry oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms McHenry confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. Two documents were in place, one of which included all required information with the exception of a record of the staff members' date of birth and details of their professional registration and the other included all required information with the exception dates of employment. It was advised that one staff register should be maintained and kept up to date to include all required information in accordance with legislation. Following the inspection RQIA received confirmation by email that this had been actioned.

Two staff personnel files were reviewed and evidenced that relevant recruitment records had been sought; reviewed and stored as required. In one of the personnel files it was identified that neither references had been sought from the staff member's most recent previous employer. This was discussed with Ms McHenry and a satisfactory explanation was given in relation to this.

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.

### **5.2.2 Are 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 outlines training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Induction programmes relevant to roles and responsibilities were in place.

Records were kept of training (including induction) and professional development activities undertaken by staff. Review of documentation and discussion with staff evidenced that not all of the training records were available for inspection. Ms McHenry told us that she is assured that staff complete continuing professional development (CPD) training in keeping with their registration body the General Dental Council (GDC). Ms McHenry was advised that whilst it is the responsibility of GDC registrants to keep up to date with their CPD activities, the CPD learning activities do not always meet RQIA training requirements. Advice was given regarding the training to be undertaken, in line with any professional requirements, and the [training](#)

[guidance](#) provided by RQIA. A training matrix had been developed that included the dental nurses and Ms McHenry was advised to further develop this to include all staff that work in the practice including dentists and any visiting professionals. Following the inspection RQIA received confirmation that the training matrix had been further developed to include the training topics in accordance with RQIA training guidance for all staff who work at the practice. It was also confirmed that the practice management have enrolled with an online training platform company to facilitate in-house staff training and intend to use this as a management monitoring tool for staff training going forward. All staff will have an electronic link to the training platform which will also provide Ms McHenry with up to date information of completed training of all staff. This will enhance internal governance systems and provide Ms McHenry with assurance of all staff members' training compliance status at any point in time.

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 was comprehensive, reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available. It was identified that some of the emergency equipment provided had exceeded their expiry dates. Ms McHenry was advised to ensure that any expired items are replaced with items that are in date and that these items should be included in the routine checks of emergency equipment. Following the inspection RQIA received confirmation that this had been actioned.

An automated external defibrillator (AED) was available with adult pads; there were no child pads provided. This was discussed with Ms McHenry who confirmed that the practice do not treat children therefore Ms McHenry does not provide child pads for use with the AED.

Managing medical emergencies is included in the dental team induction programme and training is updated annually. The records reviewed verified that the staff last completed medical emergency refresher training during 2021.

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 are in place to manage a medical emergency in compliance with legislative requirements, 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.

Ms McHenry confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation. IV sedation is offered to patients over the age of 18.

There was a conscious sedation policy and procedure 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 [Conscious Sedation in The Provision of Dental Care \(2003\)](#).

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. As previously discussed not all training records were available to review during the inspection to evidence that all relevant members of the dental team had completed the appropriate training. Following the inspection RQIA received copies of training certificates to evidence that members of the dental team providing treatment under Conscious Sedation have completed appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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.

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 were comprehensive and reflected legislative and best practice guidance in all areas. There was a nominated lead who had responsibility for IPC and decontamination in the practice. The IPC lead confirmed that they had undertaken IPC and decontamination training in line with their CPD.



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 fully 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 this audit 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 retained in the staff members' 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.

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 were 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.

Staff confirmed that a new steriliser had been recently installed however a record of validation was not available to review. Following the inspection a copy of the validation certificate in respect of the new steriliser was submitted to RQIA via email.

A review of records showed the remaining equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. 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?**

The COVID-19 pandemic has presented significant challenges in respect of how dental care and treatment is planned and delivered. To reduce the risk of COVID-19 transmission precautions must remain in place as part of the ongoing response to the pandemic.

There were COVID-19 policies and procedures in place which were reflective of best practice guidance. A review of records evidenced that appropriate risk assessments concerning staffing, clinical treatments and clinical and non-clinical areas had been completed.

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of the Health and Social Care Board (HSCB) operational guidance and focused on social distancing, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead and arrangements are in place to ensure the dental team are regularly reviewing COVID-19 advisory information, guidance and alerts.

COVID-19 arrangements evidenced that robust procedures are in place to ensure the practice adheres to best practice guidance and 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 concerning 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.



It was confirmed that there were seven intra-oral x-ray machines, one in each surgery and in addition there is a cone beam computed tomography (CBCT) machine, which is located in a separate room. A review of documentation evidenced that the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions.

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 local rules, employer's procedures and other additional information was retained. However, the equipment inventory had not been updated to include the two newly installed intra-oral x-ray machines. Following the inspection RQIA received confirmation that the equipment inventory had been updated accordingly.

A copy of the local rules was on display near each of the original x-ray machines observed and appropriate staff had signed to confirm that they had read and understood these. However, local rules were not displayed or available to review in respect of the two new intra-oral x-ray machines. Following the inspection RQIA received confirmation that the new local rules had been received and were on display in the two new surgeries.

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 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 reports generated by the RPA dated July 2019 evidenced that five intra-oral x-ray machines and CBCT had been examined and any recommendations made had been actioned. Staff confirmed that the two new intra-oral x-ray machines installed in respect of the additional surgeries had a critical examination and acceptance test undertaken during March 2022. However, the critical examination and acceptance test reports were not available to review on the day of the inspection. Following the inspection RQIA received copies of the critical examination and acceptance test reports for the new x-ray equipment and also confirmation from Ms McHenry that any recommendations made had been actioned.

The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

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.

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 robust 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.

Ms McHenry 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 being effectively managed?**

The arrangements for the management of complaints were reviewed to ensure that complaints 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. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance.

The dental team were knowledgeable on how to deal with and respond to complaints in keeping with practice policy and procedure. Arrangements were in place to share information with the dental team about complaints, including any learning outcomes, and also compliments received.

Complaints were being managed effectively in accordance with legislation and best practice guidance.

### **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 staff.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

#### **5.4 Are the new dental surgeries fully equipped to provide private dental care and treatment?**

The two new surgeries were found to be 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 in each surgery.

It was confirmed that the newly installed dental chairs 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 new dental surgeries were found to be finished to a very high standard and were fully equipped to provide private dental care and treatment.

#### **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. Ms McHenry 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. Ms McHenry 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**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

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