

Inspection Report

15 February 2023



The Gentle Dental Clinic

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 providers: The Gentle Dental Clinic Ltd	Registered Manager: Mr Michael McManus
Responsible Individual: Mr Michael McManus	Date registered: 11 April 2012
Person in charge at the time of inspection: Mr Michael McManus	Number of registered places: Four increasing to five following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>The Gentle Dental Clinic 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 four registered dental surgeries increasing to five following this inspection and provides orthodontic treatment. Mr McManus confirmed the dental practice no longer offers conscious sedation.</p> <p>A variation to registration application was submitted to RQIA on 31 October 2022 to relocate the premises and increase the number of dental chairs from four to five. RQIA were informed that the new premises were ready to be inspected and as a result a care and variation to registration inspection was arranged.</p>	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken on 15 February 2023 from 10.00 am to 2.00 pm. An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises.

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. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to relocate the premises and add an additional chair.

The variation to registration application was approved from a care perspective following this inspection and from an estates perspective on 30 March 2023.

There was evidence of good practice in relation to the recruitment and selection of staff; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

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

3.0 How we inspect

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

The 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 surgery was 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 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.

One patient questionnaire was received prior to the inspection that indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of patient care. A positive comment was included in relation to polite and helpful staff attitudes.

Two staff members submitted questionnaire responses that indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff members indicated that they were very satisfied with each of these areas of patient care. A positive comment was included in relation to the well run dental practice where patients come first.

5.0 The inspection

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

The last inspection to The Gentle Dental Clinic was undertaken on 25 January 2022; no areas for improvement were identified.

5.2 Inspection findings

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

The recruitment and selection policy in place was in keeping with legislation and best practice guidance.

Mr McManus, supported by the practice manager, oversees the recruitment and selection of the dental team and they approve all staff appointments. Discussion with Mr McManus and the practice manager confirmed that they had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of the staff register evidenced that a new staff member had been recruited since the previous inspection. A review of the personnel file of the newly recruited staff member evidenced that relevant recruitment records had been sought; reviewed and stored as required.

The practice manager confirmed that new staff are issued with a job description and induction checklists were available 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.

Evidence was retained on file that the new staff member had been provided with a job description, and Mr McManus confirmed a contract of employment/agreement was in place however was held securely offsite. There was evidence that the new staff member had received induction training when they commenced work in the practice.

It was determined that the recruitment of the dental team, complies with the legislation and best practice guidance.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

The practice manager confirmed that the dental team takes part in ongoing training to update their knowledge and skills, relevant to their role and confirmed that training is undertaken, in line with any professional requirements, and the training guidance provided by RQIA.

The practice manager confirmed that all staff keep their own record of training and professional development activities undertaken. A training matrix is also retained by the practice manager as an overview of mandatory training. It was noted to be completed by a tick when each component of mandatory training is completed by individual staff members. It was advised to include the date training has been completed to enhance internal governance and provide the practice manager and the registered person, with an up to date overview of completed staff training within the practice at any given time.

It was determined that the care and treatment of patients is being provided by a dental team that are appropriately trained in keeping with RQIA training guidance.

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 it was noted that a clear face mask had exceeded its expiry date and a disposable razor was not available with the automated external defibrillator (AED). The clear face mask was removed from use and a replacement one ordered during the inspection. A pack of disposable razors was purchased immediately and placed with the AED. It was advised to include all emergency equipment on the monthly checklists to ensure robust monitoring systems. The practice manager was very receptive to this advice.

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.

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 November 2022.

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 are trained 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.

Mr McManus confirmed that conscious sedation is not offered in the dental practice.

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. The practice manager confirmed there was an identified staff member who had responsibility for IPC and decontamination in the practice. It was confirmed this staff member had undertaken IPC and decontamination training in line with their continuing professional development.

During a tour of the newly relocated premises, 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. The practice manager confirmed that these audits will be 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.

The practice manager confirmed that all staff had received IPC training relevant to their roles and responsibilities.

It was determined that the dental team are adhering to current 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.

The newly designated decontamination room was separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance.

The practice manager confirmed that the equipment was sufficient to meet the requirements of the practice. However, there are plans to purchase an additional DAC Universal machine. Records reviewed evidenced that the equipment for cleaning and sterilising instruments had been inspected and validated, and the practice manager confirmed that the equipment is maintained and used in line with the manufacturers' guidance.

Discussion with the practice manager and a review of a sample of equipment logbooks demonstrated that most of the required tests to check the efficiency of the machines are undertaken with the exception of the weekly protein residue test for the DAC Universal. The practice manager agreed to review the manufacturers guidance on periodic testing and ensure all tests are carried out and recorded accordingly.

The practice manager confirmed that all staff had received training in the decontamination of reusable dental instruments relevant to their roles and responsibilities. The practice manager confirmed that the staff have good knowledge and understanding of the decontamination process and are able to describe the equipment treated as single use and the equipment suitable for decontamination. A staff member clearly described the decontamination process for used dental instruments.

A review of decontamination procedures evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

It was determined 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 practice manager confirmed that there were COVID-19 policies and procedures in place however these had been updated 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 the practice manager. 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 there are arrangements 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). Records to evidence that the practice had registered with the HSE were not available to review. However, during the inspection the practice manager registered the new practice details with HSE and the up to date certificate was provided.

The equipment inventory evidenced that the practice has five surgeries, each of which has an intra-oral x-ray machine. 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.

There are two dedicated radiation protection files one for the intra-oral equipment and one for the CBCT containing the relevant local rules, employer's procedures and other additional information was retained.

Mr McManus as the RPS oversees radiation safety within the practice and regularly reviews the radiation protection files to ensure that they are 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 critical examination and acceptance test report was reviewed for the newly installed x-ray equipment. A report had been generated by the RPA to evidence that the equipment had been examined and that the recommendations made by the RPA had been actioned.

A copy of the new local rules was on display near the x-ray equipment and staff had signed to confirm that they had read and understood these. Staff had been entitled as duty holders for the intra-oral equipment. It was confirmed that Mr McManus is the only duty holder for the CBCT and had not completed the entitlement records. It was advised that formal entitlement records are required to be completed for the CBCT. Mr McManus was receptive to this advice and agreed to complete an entitlement record for the CBCT in line with his scope of practice.

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

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints 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 confirmed that no complaints had been received since the previous inspection.

The practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was also confirmed that incidents would be effectively documented and investigated and reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#).

The practice manager confirmed that the dental team were 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 McManus 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 the practice manager.

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?

Two of the five dental surgeries were reviewed. The other three dental surgeries were being used for NHS patients.

It was confirmed that all dental surgeries had been designed to the same standard. The new surgeries reviewed were found to be tidy, uncluttered and work surfaces were intact and easy to clean. The flooring was impervious and coved where it meets the wall. A dedicated hand wash basin was available and hand hygiene signage was displayed in each the surgery.

It was confirmed that the newly installed dental chairs dental unit water lines are managed in keeping with the manufacturer's instructions.

The practice manager advised that appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

The dental surgeries reviewed 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. Mr McManus 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 to include 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 McManus 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

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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