

Inspection Report

29 July 2021



Waterside Dental Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 7 Waterside, Coleraine, BT51 3DP
Telephone number: 028 7034 2934

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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Waterside Dental Ltd	Registered Manager: Mr Owen Thompson
Responsible Individual: Mr Owen Thompson	Date registered: 2 November 2011
Person in charge at the time of inspection: Mr Owen Thompson	Number of registered places: Five
Categories of care: Independent Hospital (IH) – Dental Treatment.	
Brief description of the accommodation/how the service operates: Waterside Dental Ltd 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 general dental services and private treatment, without sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 29 July 2021 from 11.00 am to 3.40 pm.

It focused on the themes for the 2021/22 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection.

There was evidence of good practice in relation to the management of medical emergencies; 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.

Two areas for improvement have been identified against the regulations in relation to recruitment and selection records and staff training.

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 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 Waterside Dental Ltd was undertaken on 16 November 2020; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Does the practice's recruitment and selection procedures comply with all relevant legislation?

A recruitment and selection policy was not available to review on the day of the inspection, however, this was submitted to RQIA following the inspection by electronic mail and was found to be line with best practice guidance.

Mr Thompson oversees the recruitment and selection of the dental team, and approves all staff appointments with the assistance of an external recruitment consultant.

Mr Thompson confirmed that he had a clear understanding of the legislation and best practice guidance. Dental practices are required to maintain a staff register. The staff register was reviewed and Mr Thompson was advised to further develop the register to include all the required information and ensure that it is kept up to date. Following the inspection, a copy of the revised staff register was submitted to RQIA by electronic mail. Advice was given to also include in the staff register the dates of birth of staff working in the practice and written confirmation was received that this had been addressed.

Mr Thompson confirmed that he had recently recruited two new staff members. Mr Thompson confirmed that all the relevant recruitment documentation had been sought and reviewed in respect of the two new staff members, however, he confirmed that he had not retained all of this information on site. Mr Thompson was advised that all records pertaining to the recruitment and selection of staff should be retained and available for inspection in keeping with legislation. Following the inspection, the majority of the recruitment documentation in relation to the two new members of staff was submitted to RQIA by electronic mail. An area for improvement has been identified in relation to recruitment and selection records.

Mr Thompson advised that job descriptions and induction checklists are provided for the different staff roles. Induction checklists for the two new employees were submitted to RQIA following the inspection.

Mr Thompson confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

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

Mr Thompson 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.

Mr Thompson confirmed that all staff keep their own record of training and professional development activities undertaken. Training records were not available for review on site and this was discussed with Mr Thompson and he was advised that all training records should be retained and available for inspection. An area for improvement has been identified in relation to staff training.

Advice was given to develop an overarching training record to include the mandatory training topics. This will enhance internal governance and provide Mr Thompson, as the responsible individual, with an up to date overview of completed staff training within the practice at any given time.

5.2.3 Is the practice fully equipped and are 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.

The medical emergency policy was not available to review on the day of the inspection, however, the policy was submitted to RQIA following the inspection, by electronic mail. A review of this policy evidenced that it was comprehensive, reflected legislation and best practice guidance. Advice was given to include a list of the emergency medications and equipment provided in the practice in the policy to guide and inform staff.

Protocols were available to guide the dental team on how to manage recognised medical emergencies. Mr Thompson was advised to develop a system to ensure that the displayed protocols are reviewed on a regular basis, to ensure that they are in line with current best practice.

Systems were in place, including checklists completed by staff, to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

It was observed that some syringes were stored with the emergency medicines that were out of their original packaging and did not have expiry dates recorded. This was discussed with Mr Thompson, following the inspection, who advised that the syringes were for use in root canal treatments and not for the administration of emergency medicines. It was advised that all syringes should be stored in the original packaging to show their expiry dates. Confirmation was received that the syringes had been removed from the emergency medicine kit and labelled for their intended use.

Mr Thompson confirmed that the management of medical emergencies is included in the dental team induction programme and training is updated annually. Mr Thompson and staff confirmed that medical emergency refresher training had been carried out during July 2021. As previously discussed training records were not available to review.

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 Thompson confirmed that conscious sedation is not provided.

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 were IPC policies and associated procedures in place that they were comprehensive and reflected legislative and best practice guidance. Mr Thompson told us there was a nominated lead who had responsibility for IPC and decontamination in the practice.

During a tour of the practice, it was observed that clinical and decontamination areas were clean and tidy and generally uncluttered.

One of the surgeries was observed to have a dedicated children's area, with a table, chairs, books and toys and staff were advised to ensure that these items are removed in keeping with current best practice. Confirmation was received following the inspection that these had been removed.

Disposable hand towels and a supply of toilet rolls were observed to be stored out of their packaging in the toilet area. Staff were advised that disposable hand towels should be stored in wall mounted containers and toilet rolls should be stored in the covered toilet roll holders provided. An identified area in one of the surgeries was in need of redecoration where the wall covering was observed to be peeling off the wall and the area between the hand wash basin and the wall in this surgery was not effectively sealed. The waste receptacle for general waste in this surgery was not foot or sensor operated in keeping with best practice guidance. Confirmation was received following the inspection that these issues had been addressed.

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. Mr Thompson confirmed that a system was in place to ensure that relevant members of the dental team have received this vaccination. However, a record of the Hepatitis B vaccination status in respect of the two newly recruited staff members was not available to review. Evidence of the vaccination status of the two identified staff members was submitted to RQIA following the inspection.

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. As previously discussed training records were not available to review.

IPC arrangements evidenced that, in general, staff adhere 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 washer disinfecter had been recently installed however; a record of the validation was not available to review. Following the inspection a copy of the validation certificate in respect of the new washer disinfecter was submitted to RQIA via electronic mail. A review of records showed that the remaining equipment used for cleaning and sterilising instruments had not been validated since March 2019 and Mr Thompson advised this was due to the ongoing COVID-19 pandemic. Following the inspection, evidence was submitted to RQIA, via electronic mail, confirming that all equipment had been validated.

Evidence of the most recent written scheme of examination of pressure vessels inspection was not available for inspection. This was discussed and following the inspection RQIA received a copy, via electronic mail, of the most recent written scheme of examination of pressure vessels inspection.

Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken. 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, however, the training records were not available to review. Staff 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 HSENI.

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. Mr Thompson advised that the dental team had been entitled by the RPS for their relevant duty holder roles and had received training in relation to these roles. However, evidence of this was not contained in the radiation file reviewed. Following the inspection evidence was submitted to RQIA via electronic mail confirming that the dental team have been entitled by the RPS for their relevant duty holder roles.

It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and x-ray audits.

Mr Thompson, as the RPS, oversees radiation safety within the practice and regularly reviews the radiation protection file. Discussions with members of the dental team indicated they had good knowledge of radiology and radiation safety.

The appointed RPA must undertake critical examination and acceptance testing of all x-ray equipment within timeframes specified in legislation.

The most recent report generated by the RPA dated 25 February 2021 evidenced that the x-ray equipment had been examined. A review of records evidenced that most of the recommendations made had been actioned. This was discussed with Mr Thompson and following the inspection evidence was submitted to RQIA, via electronic mail, confirming that any outstanding recommendations made by the RPA had been addressed.

The equipment inventory evidenced that the practice has five surgeries, each of which has an intra-oral x-ray machine. A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of the local rules and associated practice.

The most recent record available to review to evidence x-ray equipment has been serviced was dated 2015. Mr Thompson was advised that x-ray equipment should be maintained in accordance with manufacturer's instructions. Following the inspection, evidence was submitted to RQIA, via electronic mail, confirming that the x-ray equipment had been serviced.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance.

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 Thompson 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.

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, in line 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 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.

6.0 Conclusion

Based on the inspection findings, discussions held and a review of documentation submitted following the inspection this service is well led and provides safe, effective and compassionate care.

Two areas for improvement have been identified against the regulations in relation to recruitment and selection records and staff training.

7.0 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
Total number of Areas for Improvement	2	0

Areas for improvement and details of the QIP were discussed with Mr Thompson as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#)

<p>Area for improvement 1</p> <p>Ref: Regulation 21(3), Schedule 3, Part II (8)</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021</p>	<p>The responsible individual shall ensure that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are retained and available for inspection in respect of the two identified staff members and any staff recruited in the future.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Future Checklists altered accordingly</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021</p>	<p>The responsible individual shall ensure that all staff undertake training in accordance with RQIA training guidance and a record of the training is retained and available for inspection.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Future Checklists altered accordingly</p>

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