

# Inspection Report

11 December 2023



## Fortwilliam Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 440 Antrim Road, Belfast, BT15 5GB  
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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 Christopher Scannell & Ms Christine Devlin	<b>Registered Manager:</b> Ms Christine Devlin  <b>Date registered:</b> 29 October 2012
<b>Person in charge at the time of inspection:</b> Ms Christine Devlin Mr Christopher Scannell	<b>Number of registered places:</b> Four
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Fortwilliam Dental Practice 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 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 11 December 2023 from 10.00 am to 12.15 pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified since the last care inspection.

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

An area for improvement has been made against the standards to ensure the radiation protection files are reviewed regularly and that documentation relating to their maintenance and quality assurance are kept up to date and retained for inspection.

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 inspection was facilitated by Ms Devlin and the business-finance manager for Fortwilliam Dental Practice.

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

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

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

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

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

### **5.0 The inspection**

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

The last inspection to Fortwilliam Dental Practice was undertaken on 12 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?**

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mr Scannell and Ms Devlin oversee the recruitment and selection of the dental team, they approve all staff appointments with support from the business manager. Discussion with Ms Devlin confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that new staff had been recruited since the previous inspection. A review of two personnel files of newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required, with the exception of a second written reference, a criminal conviction declaration and confirmation of a physical and mental fitness to work in respect of both new staff members.

Advice and guidance was provided to Ms Devlin and the business manager to ensure that the recruitment of the dental team complies with legislation and best practice guidance. A recruitment checklist and a criminal conviction declaration template were shared with the business manager following inspection. Assurances were given to RQIA by Ms Devlin that current recruitment processes would be reviewed and adapted moving forward.

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.

As a result of the assurances received during the inspection, it was determined that the recruitment of the dental team will comply with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

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

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

A record is kept of all training (including induction) and professional development activities undertaken by staff, which is overseen by the business 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. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient 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.

Ms Devlin confirmed that conscious sedation is not offered in Fortwilliam 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. Review of these documents demonstrated that they reflected legislation and best practice guidance. Ms Devlin 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.

Guidance was provided to the business manager to consider developing a template record to evidence the cleaning of communal non-clinical areas. Following inspection RQIA received evidence that this recommendation had been implemented.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

#### **5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. 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 Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations was discussed with members of the dental team and 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 Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has four surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. In addition, there is a cone beam computed tomography (CBCT) machine, which is located in a separate room.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. One file included information concerning the intra-oral x-ray machines and the second file included information concerning the CBCT.

A review of the files 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 RPS oversees radiation safety within the practice and it was evidenced that the radiation protection file for the intra-oral x-ray machines is regularly reviewed to ensure that it is accurate and up to date. It was identified however, that the radiation protection file for the CBCT had not

been reviewed and documentation was not up to date. Further details are provided in this section of the report.

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.

Ms Devlin confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent reports generated by the RPA during October 2021 for the four intra-oral x-ray machines and September 2022 for the CBCT evidenced that all x-ray equipment had been examined. It was noted however, that the recommendations made by the RPA in relation to the CBCT had not been confirmed as completed. This was brought to the attention of Mr Scannell and Ms Devlin who agreed to review the RPA's CBCT report as a matter of priority. Following inspection RQIA received evidence that all stated actions had now been acknowledged and retained in the CBCT file.

A copy of the local rules was on display near each x-ray machine observed 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.

X-ray warning signage was not on display at entrances to the four surgeries in keeping with legislation and advice was provided to Ms Devlin regarding this matter. Following inspection, the business manager provided photographic evidence that x-ray warning signs had been positioned outside the four surgeries. It was confirmed at time of inspection that a warning sign was in place outside the CBCT room.

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

It was identified that six monthly x-ray quality audits and the annual clinical evaluation and justification audit had not been carried out in respect of the CBCT machine. This was discussed with Mr Scannell who agreed to complete both audits as a matter of urgency. Following inspection, satisfactory results of both CBCT audits were shared with RQIA.

In view of the issues identified in relation to the radiation protection files, an area for improvement against the standards has been made to ensure both radiation protection files are reviewed at least on an annual basis by the RPS and that the radiation safety documentation within is kept up to date and made available for inspection.

Addressing the area for improvement in relation to the review of radiation protection files will ensure that procedures are in place to ensure that appropriate x-rays are taken safely at Fortwilliam Dental Practice.



### 5.2.9 Are complaints and incidents being effectively managed?

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

The complaints policy and procedure provided clear instructions for patients and staff to follow. 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. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with the business manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The business manager confirmed that incidents are effectively documented and investigated in line with legislation. Ms Devlin was advised that all relevant incidents should be reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve services provided.

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

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

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

### 5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Christopher Scannell and Ms Christine Devlin were 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 Ms Devlin.

**6.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011).

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

Areas for improvement and details of the QIP were discussed with Ms Devlin and Mr Scannell, Responsible Persons, 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 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 January 2024</p>	<p>The responsible persons shall ensure both radiation protection files are reviewed at least on an annual basis by the RPS and that the radiation safety documentation within is kept up to date and made available for inspection.</p> <p><b>Ref: 5.2.8</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> We have added internal annual tasks to verify the completion of this. In addition, we have also added tasks to occur 6 monthly for the audit of the CBCT.</p>



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