

# Inspection Report

21 August 2024



## Belmore Dental Studio & Implant Clinic

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 16 Belmore Street,

Enniskillen,

BT74 6AA

Telephone number: 028 6632 9222

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

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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> Belmore Dental Studio & Implant Clinic	<b>Registered Manager:</b> Ms Lorraine Browne
<b>Registered Persons:</b> Mr Niall McEnhill Ms Sinead McEnhill	<b>Date registered:</b> 5 March 2021
<b>Person in charge at the time of inspection:</b> Ms Lorraine Browne	<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> Belmore Dental Studio & Implant 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 and provides general dental services, private treatment and offers conscious sedation, if clinically indicated.  During this inspection it was confirmed that the partnership registered with RQIA to operate the practice had dissolved and that a limited company was operating the practice. An application to re-register the dental practice under the new entity should be submitted to RQIA. This is discussed further in section 5.3.	

## 2.0 Inspection summary

An unannounced inspection was undertaken by two care inspectors on 21 August 2024 from 10.45 am to 2.15pm.

The focus of the inspection was to review the radiology and radiation safety and the management of conscious sedation at the practice following information being received by RQIA, from an anonymous source.

A detailed review of the radiology and radiation safety and the management of conscious sedation determined that the issues raised by the anonymous source were not substantiated. Additional information in relation to the focus of this inspection is detailed in sections 5.2.1 and 5.2.2 of this report.

Two areas for improvement have been made regarding the recording of medication used for conscious sedation and the change of entity of the dental practice.

No 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 care and treatment?**

As this was an unannounced inspection posters were not issued to the practice, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

We spoke to staff on the day of inspection and no issues were raised in respect of patient care.

### **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 was undertaken on 6 February 2024; no areas for improvement were identified.

### **5.2 Inspection findings**

#### **5.2.1 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. In addition, there is a cone beam computed tomography (CBCT) machine, which is located in a separate room. The equipment inventory reflected all the radiography equipment in place.

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file and discussion with Ms Browne confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology. Discussion with Ms Browne and a review of training records evidenced that these staff had completed appropriate training. Ms Browne confirmed that the RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

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

The most recent report generated by the RPA dated July 2023 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

The local rules displayed near some of the x-ray machines were not the most up to date local rules. This was discussed and following the inspection RQIA received confirmation that this had been addressed. Ms Browne confirmed that staff had read and understood the local rules and had a 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 and digital x-ray processing. Discussion with Ms Browne and a review of a sample of x-ray audits submitted to RQIA following the inspection confirmed that x-ray audits had been undertaken in keeping with best practice.

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

## 5.2.2 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 Browne confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation and is only offered to patients over the age of 18.

Ms Browne confirmed that Inhalation sedation (IH) was not being offered in the practice however this may be offered in the future. Since the previous inspection the IH equipment had been serviced and Ms Browne confirmed that as a result of the recent servicing one of the IH machines had been taken out of action and should IH be offered in the future the practice has one IH machine currently operational. It was confirmed that a risk assessment had been completed regarding the use, risks and control measures for the management of waste medical gases.

There was a conscious sedation policy and procedure in place. The policy was amended following the inspection and submitted to RQIA. A review of the amended policy identified that it should reference the best practice guidance document [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#).

Ms Browne confirmed that the environment and equipment used for conscious sedation is being managed in keeping with best practice guidance.

A review of records and discussion with staff demonstrated that a full assessment of the patient to confirm the dental treatment required and the need for sedation is undertaken by the dentist providing the sedation.

It was confirmed that valid written consent is sought for provision of dental care with sedation in accordance with the above best practice guidance.

It was demonstrated that clinical records of patients who had treatment using sedation includes a detailed record of the pre-sedation assessment, the patient's written consent, the patient's visit for sedation including monitoring, the treatment procedure and the recovery of each patient.

Information was available for patients in respect of the treatment provided and aftercare arrangements and a record is maintained to verify that post-treatment instructions were given and explained to the patient and their escort, as appropriate.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training. Discussion with staff during the inspection and a review of training records submitted following the inspection evidenced that all relevant members of the dental team had or will be completing 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

It was confirmed that Immediate Life Support (ILS) training had been undertaken by members of the clinical team involved in providing conscious sedation.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was confirmed that CDs are kept in a locked cupboard however the key to the locked cupboard had not been securely stored. This was discussed and following the inspection RQIA received confirmation that this issue had been addressed. Systems were in place for the ordering, administration, reconciliation (stock check) and disposal of these medicines. However, records had not been accurately kept regarding the receipt and disposal of Midazolam medication used for conscious sedation. This was discussed and advice and guidance was given. Following the inspection RQIA received confirmation that this issue had been addressed. An area for improvement against the regulations has been made in this regard.

It was identified that a standard operating procedure (SOP) for CDs was in place and it was confirmed that this had been shared with relevant clinical staff.

Addressing the area for improvement will strengthen the arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

### 5.3 Additional area examined

During this inspection it was confirmed that the partnership registered with RQIA to operate the practice had dissolved and that a limited company was operating the practice. Ms Browne was advised that an application to re-register the dental practice under the new entity should be submitted to RQIA. An area for improvement has been made against the [The Health and Personal Social Services \(Quality Improvement and Regulation\) \(Northern Ireland\) Order 2003](#) in this regard.

### 6.0 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 Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#)

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

The areas for improvement and details of the QIP were discussed with Ms Browne 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2024</p>	<p>The registered persons shall ensure that the arrangements for the ordering, recording, storage and disposal of medicines used for conscious sedation are in accordance with best practice guidance and as recommended by the Strategic Planning and Performance Group (SPPG).</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>As stated in the report, RQIA received confirmation that the issues concerning the secure storage of the key to the locked cupboard and the accurate record-keeping of Midazolam medication have already been addressed following the inspection. Systems are now fully in place for the secure storage, ordering, administration, reconciliation (stock check), and disposal of CDs, including the accurate receipt and disposal records for Midazolam.</p> <p>Given that these issues have been resolved, and confirmation of this has already been provided to RQIA, we believe this point has been adequately addressed and should not be included in the current Quality Improvement Plan.</p>

### Action required to ensure compliance with [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#)

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Article 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2024</p>	<p>The registered persons shall ensure that a full and complete registration application is submitted to RQIA on behalf of the limited company operating the dental practice.</p> <p>Ref: 5.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Application has been completed and sent by recorded next day delivery on 21<sup>st</sup> Oct 2024.</p>

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



The Regulation and Quality Improvement Authority

RQIA, 1<sup>st</sup> Floor  
James House  
Gasworks  
2 – 4 Cromac Avenue  
Belfast  
BT7 2JA

**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

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