

# Inspection Report

8 October 2024



## Hillsborough Dental Practice

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

<b>Organisation/Registered Provider:</b> Hillsborough Dental Practice Ltd	<b>Registered Manager:</b> Mr Kevin McKelvey
<b>Responsible Individual:</b> Mr Kevin McKelvey	<b>Date registered:</b> 17 May 2012
<b>Person in charge at the time of inspection:</b> Mr Kevin McKelvey	<b>Number of registered places:</b> Two
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Hillsborough 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 two registered dental surgeries and provides general dental services, private and health service treatment (HSC) and does not offer conscious sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 8 October 2024 from 10.00 am to 1.30 pm.

It focused on the themes for the 2024/25 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 recruitment and selection of staff; decontamination of reusable dental instruments; radiology and radiation safety; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the regulations with regards to 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 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 Hillsborough Dental Practice was undertaken on 10 March 2023; 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 McKelvey oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr McKelvey confirmed that he had a clear understanding of the legislation and best practice guidance.

Mr McKelvey confirmed that one new staff member had been recruited since the last inspection however the staff register had not been updated to reflect the staffing changes since the previous inspection. Mr McKelvey gave us assurances that this matter would be addressed following the inspection.

A review of the newly recruited staff member's personnel file evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of one record. Information was shared with Mr McKelvey following the inspection to provide assistance in this regard.

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.

A review of records and discussion with Mr McKelvey confirmed that newly appointed staff 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 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.

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

Records were available to review in relation to training and professional development activities undertaken by some of the staff who work in the practice. Mr McKelvey was advised that he should maintain a record of all staff training undertaken in keeping with RQIA training guidance and continuing professional development (CPD). An area for improvement against the regulations has been made in this regard.

Addressing the area for improvement will ensure 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.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry dates and that equipment is available as specified.

Adrenaline ampoules had not been provided in the format recommended by the Strategic Planning and Performance Group (SPPG). This was discussed and following the inspection RQIA received confirmation that Adrenaline ampoules had been provided as recommended.

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.

A managing medical emergencies section is included in the induction programme. However, there was no evidence that all of the staff had undertaken medical emergency refresher training on an annual basis. As discussed in section 5.2.2 an area for improvement has been made against the regulations with regards to staff training. Mr McKelvey confirmed that refresher medical emergency training would be undertaken by the dental team the week following the inspection.

Members of the dental team were familiar with the location of medical emergency medicines and equipment.

As a result of the action taken following the inspection it was determined that sufficient emergency medicines and equipment were in place. Addressing the area for improvement made in relation to staff training will ensure that 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.

Mr McKelvey confirmed that conscious sedation is not offered in Hillsborough 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.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with Mr McKelvey. It was confirmed that arrangements are in place 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](#). Mr McKelvey is aware that further advisory information, guidance and alerts are accessible on Department of Health (DoH) websites in this regard.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mr McKelvey confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. Mr McKelvey is aware that the lead dental nurse is required to undertake IPC and decontamination training in line with their CPD. Some of the training records in relation to IPC were not available for review during the inspection. As discussed in section 5.2.2 an area for improvement has been made against the regulations in this regard.

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.

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 required to be 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 had not been completed on a six monthly basis and this was discussed with Mr McKelvey who has given assurances that this will be addressed. Mr McKelvey is aware that upon completion of an IPC audit, where applicable, an action plan is to be 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. Discussion with Mr McKelvey and 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 a member of the dental team demonstrated good knowledge and understanding of IPC procedures. Some of the training records in relation to IPC were not available for review during the inspection. As discussed in section 5.2.2 an area for improvement has been made against the regulations in this regard.

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 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.

The written scheme of examination inspection report in respect of the pressure vessels was not available for review during the inspection. This was discussed and following the inspection RQIA received evidence that the pressure vessel testing had been undertaken during May 2024.

Some of the training records in relation to decontamination were not available for review during the inspection. As discussed in section 5.2.2 an area for improvement has been made against the regulations in this regard.

A member of the dental team demonstrated good knowledge and understanding of the decontamination process and was 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 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 two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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 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 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.

Mr McKelvey confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA during August 2022 evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

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.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. Mr McKelvey confirmed that x-ray audits are undertaken on a six monthly basis. Advice was provided to Mr McKelvey to ensure that records of all x-ray audits are retained. 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.

### **5.2.8 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. Advice and guidance was provided to Mr McKelvey to review the contact details of other bodies named in the policy to ensure they are up to date.

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.

Mr McKelvey confirmed that no complaints had been received since the previous inspection.

Discussion with Mr McKelvey confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr McKelvey confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Mr McKelvey is aware that arrangements are required to be in place to audit adverse incidents to identify trends and improve service provided.

Mr McKelvey 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.

### 5.2.9 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 McKelvey 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 Mr McKelvey.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the [Independent Health Care Regulations \(Northern Ireland\) 2005](#).

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

The area for improvement and details of the QIP were discussed with Mr McKelvey, Responsible Individual, 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="#">Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18  <b>Stated:</b> First time  <b>To be completed by:</b> 5 November 2024	<p>The responsible individual shall ensure that all staff working in the practice have completed training in accordance with their role and in keeping with RQIA training guidance and continuing professional development.</p> <p>A record of the training should be maintained.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Updated and centralised training records file created.</p>

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



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