

# Inspection Report

6 August 2024



## High Street Dental Practice Hollywood Ltd

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 116 High Street, Hollywood, BT18 9HW  
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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> High Street Dental Practice Holywood Ltd	<b>Registered Manager:</b> Ms Jessica McDonough
<b>Responsible Individual:</b> Ms Jessica McDonough	<b>Date registered:</b> 3 October 2022
<b>Person in charge at the time of inspection:</b> Ms Jessica McDonough	<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> High Street Dental Practice Holywood 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 four registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.  High Street Dental Practice Holywood Ltd is the registered provider for one dental practice registered with RQIA. Ms McDonough is the responsible individual for High Street Dental Practice Holywood Ltd.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 6 August 2024 from 10.00 am to 4.20 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; 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.

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 High Street Dental Practice Holywood Ltd was undertaken on 28 September 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. A review of these documents identified that further development was required to ensure the recruitment policy and procedures are fully reflective of legislation and best practice guidance. This was discussed with Ms McDonough and the practice manager and following the inspection, RQIA received confirmation that this matter had been addressed.

Ms McDonough oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms McDonough confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that three new staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that, in the main, relevant recruitment records had been sought; reviewed and stored as required.

The recruitment records not available for review, were discussed with Ms McDonough and the practice manager and following the inspection, RQIA received confirmation that this matter had been addressed. Ms McDonough and the practice manager also provided assurances that all recruitment records for any future new staff will be retained and available for inspection.

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 contract of employment/agreement and received induction training when they commenced work in the practice. The provision of job descriptions for new staff members was discussed with Ms McDonough and the practice manager. Following the inspection, RQIA received verification that all new members of the dental team have been provided with a job description.

As a result of the actions taken following the inspection, it was determined that 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.

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 training (including induction) and professional development activities undertaken by staff, which is overseen by Ms McDonough and the practice manager to ensure that the dental team is suitably skilled and qualified.

A review of a sample of staff training records identified that a number of training records were not in place for two staff members. This was discussed with Ms McDonough and advice given to ensure that all training records are retained and available for inspection. Following the inspection, RQIA received evidence that these training records were in place.

As a result of the actions taken following the inspection, it was determined that 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.

A review of the emergency equipment identified some items had exceeded their expiry date and a single use item needed to be replaced. These matters were discussed with Ms McDonough and the practice manager who provided assurances that immediate action would be taken in this regard. Following the inspection RQIA received confirmation that these matters had been addressed.

A review of the emergency medicines identified that the Aspirin 300mg tablets in place were not the required dispersible format. This was discussed with Ms McDonough and the practice manager and following the inspection, RQIA received confirmation that Aspirin 300mg dispersible tablets were in place. A discussion took place regarding the syringes and needles provided for the administration of Adrenaline by intramuscular injection. Following the inspection, RQIA received confirmation that needles and syringes were in place and were suitable to provide all of the required doses of Adrenaline.

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.

As a result of the actions taken, by the practice following the inspection, it was demonstrated that sufficient emergency medicines and equipment are in place and 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.

Ms McDonough confirmed that conscious sedation is not offered in High Street Dental Practice Hollywood Ltd.

#### **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 the practice manager. 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](#).

The practice manager confirmed there is a nominated individual who regularly checks DoH websites for further advisory information, guidance and alerts 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. Ms McDonough 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. A number of matters requiring further attention were identified. These were discussed with the practice manager and following the inspection, RQIA received confirmation that these matters had been addressed. 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 confirmed 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 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, three of which have 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 and other additional information was retained electronically. A review of the file identified that employer's procedures were not available for review. This was discussed with Ms McDonough and following the inspection, RQIA received confirmation that the employer's procedures were in place.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology. A discussion took place regarding ensuring staff complete appropriate training and advice was given to ensure that these records are retained. 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 McDonough confirmed that two new intra-oral x-ray machines have been installed since the previous inspection. One in surgery one and one in surgery two. A critical examination and acceptance test for the new intra-oral x-ray in surgery one was undertaken on 14 July 2023. Following the inspection, RQIA received a copy of the critical examination and acceptance test report generated by the RPA on 17 July 2023 which evidenced that the x-ray equipment had been examined. Following the inspection, RQIA received assurances that any recommendations made had been actioned.

A critical examination and acceptance test for the new intra-oral x-ray in surgery two was undertaken on 2 August 2024. The practice manager confirmed that this report had not yet been received. It was agreed that a copy of the critical examination and acceptance test report would be provided to RQIA. Following the inspection, RQIA received a copy of the critical examination and acceptance test report generated by the RPA on 19 August 2024 which evidenced that the x-ray equipment had been examined. Following the inspection, RQIA received assurances that any recommendations made had been actioned.

The most recent report generated by the RPA on 25 July 2022 evidenced that the x-ray equipment in the other two surgeries had been examined. Following the inspection, RQIA received confirmation that the RPA recommendations had been signed off on the electronic file.

A copy of the local rules was located near each x-ray machine observed. RQIA were informed that the local rules were reviewed in June 2024 by the RPS and electronically signed by each staff member.

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. It was identified that the annual justification and clinical evaluation audits for each dentist were not available for review. Following the inspection, RQIA were informed that each dentist had undertaken the annual justification and clinical evaluation audits and these had been uploaded to the electronic file.

It was also identified that the servicing reports for two of the intra-oral x-ray machines were not available for review. This was discussed with Ms McDonough and following the inspection, RQIA received evidence of the outstanding service reports for the intra-oral x-ray machines.

As a result of additional information provided to RQIA following the inspection, it was demonstrated that radiology and radiation safety arrangements 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.

The complaints policy and procedure provided clear instructions for patients and staff to follow, however it was identified that further development of the policy and procedure was required.

This was discussed with the practice manager and following the inspection, RQIA received confirmation that this matter had been addressed. 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 identified that further development was required to ensure complaints are being managed in accordance with best practice guidance. This was discussed with the practice manager and following the inspection, RQIA received confirmation that this matter had been addressed. Advice was given to ensure that a complaints audit is undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Ms McDonough and the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms McDonough confirmed that incidents are effectively documented and investigated in line with legislation. A discussion took place regarding ensuring all relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Ms McDonough gave assurances that all relevant incidents would be reported to RQIA and other relevant organisations. Arrangements are in place to audit adverse incidents to identify trends and improve service 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.

### **5.2.9 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.

Ms McDonough 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.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms McDonough, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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