

Inspection Report

9 January 2025 and 14 February 2025



Lisburn Road Dental & Implant Clinic

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 424 Lisburn Road, Belfast, BT9 6GN
Telephone number: 028 9038 2262

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Lisburn Road Dental Clinic Limited	Registered Manager: Mr Greg Finnegan
Responsible Individual: Mr Greg Finnegan	Date registered: 22 October 2012
Person in charge at the time of inspection: 9 January 2025: Dental Nurse 14 February 2025: Mr Greg Finnegan	Number of registered places: Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Lisburn Road Dental & 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 three registered dental surgeries and provides general dental services, private and health service treatment and offers conscious sedation, if clinically indicated. Lisburn Road Dental Clinic Limited is the registered provider for one dental practice registered with RQIA. Mr Finnegan is the responsible individual for Lisburn Road Dental Clinic Limited.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 9 January 2025 from 10:20am to 3:45pm and on 14 February 2025 from 09:00 am to 11:30 am.

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 staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; management of complaints and incidents; and governance arrangements.

One area for improvement has been identified against the regulations in relation to the recruitment and selection of staff.

Four areas for improvement have been identified against the standards; two areas for improvement relate to the management of conscious sedation; and two areas for improvement relate to radiology and radiation safety.

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 Mr Finnegan and the practice dental nurses.

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 Lisburn Road Dental & Implant Clinic was undertaken on 13 April 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 Finnegan oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Finnegan confirmed that he had a clear understanding of the legislation and best practice guidance.

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

It was noted that an Access NI enhanced disclosure check had been obtained after a member of staff had commenced employment in the practice. This was discussed with Mr Finnegan and an area for improvement against the regulations has been made 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.

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.

Addressing the area for improvement will ensure 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 all training (including induction) and professional development activities undertaken by staff, which is overseen by Mr Finnegan 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.

Mr Finnegan confirmed that conscious sedation is offered if clinically indicated using intravenous (IV) sedation, however Mr Finnegan confirmed that the provision of IV sedation was temporarily on hold at the time of the inspection and would resume in the future. IV sedation is only offered to patients over the age of 16.

There was a conscious sedation policy and procedure in place. A review of the policy identified that it required further development to reflect the [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#). This was discussed with Mr Finnegan and an area for improvement against the standards has been made in this regard.

Review of the environment and equipment evidenced that conscious sedation is, in the main, being managed in keeping with best practice guidance. Advice and guidance was provided to Mr Finnegan to ensure that supplemental oxygen, in addition to the emergency oxygen cylinder was available. An area for improvement against the standards has been made in this regard.

A review of records and discussion with Mr Finnegan and the dental nursing team demonstrated that, in the main, 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. Advice and guidance was provided to Mr Finnegan to further develop the patient assessment in keeping with best practice guidance. Mr Finnegan was receptive to this advice.

It was demonstrated that valid written consent is sought for provision of dental care with sedation, however advice and guidance was provided to further develop the consent form to ensure that it is in accordance with the above best practice guidance. Following the inspection, RQIA received evidence that this matter had been addressed.

It was demonstrated that clinical records of patients who had treatment using sedation includes a 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.

The dental team involved in the provision of conscious sedation must receive appropriate practical and clinical training.

A review of a sample of training records evidenced that relevant members of the dental team were in the process of completing 12 hours of sedation related verifiable continuing professional development (CPD) training in each five year CPD cycle.

A discussion took place regarding the life support training to be undertaken by all clinical team members involved in managing patients having sedation.

Immediate Life Support (ILS) training as laid down by the Resuscitation Council (UK) must be undertaken. A review of the content of the medical emergency refresher training undertaken on 8 October 2024 demonstrated that all the main elements of ILS training as outlined in Appendix 2 of [Conscious Sedation in Dentistry, Dental Clinic Guidance, \(Third Edition\); Scottish Dental Clinical Effectiveness Programme \(SDCEP\)](#) were included.

The medicines used during IV sedation are classified as controlled drugs (CDs). The arrangements for the management of the CDs were reviewed. It was demonstrated that CDs are securely stored at all times. Advice and guidance was provided to Mr Finnegan to further develop the records pertaining to the ordering, administration and disposal of these medicines. Mr Finnegan was receptive to this advice.

It was identified that a standard operating procedure (SOP) for CDs was in place and had been signed by all relevant clinical staff.

Addressing the areas for improvement will ensure that there are arrangements in place to enable the dental team to safely provide dental care and treatment using conscious sedation, in keeping with legislation and guidance.

5.2.5 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 one of the dental nurses. 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](#). It was confirmed Mr Finnegan 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. The dental nurses confirmed there was a nominated lead who had responsibility for IPC and decontamination in the practice. The IPC and decontamination lead 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.

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 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 three surgeries, two of which have intra-oral x-ray machines. Staff confirmed that these intra-oral x-ray machines are no longer in use. The equipment inventory evidenced that the practice has a portable hand-held intra-oral x-ray machine and 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.

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

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. A review of the file confirmed that Mr Finnegan as the RPS oversees radiation safety within the practice. Advice and guidance was provided to Mr Finnegan to ensure the radiation protection files are regularly reviewed to ensure that they are 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.

A critical examination and acceptance test report for the new portable hand-held intra-oral x-ray machine was undertaken on 21 January 2025.

The most recent report generated by the RPA for the intra-oral x-ray machines dated 5 February 2025 and the CBCT dated 23 September 2024 evidenced that the x-ray equipment had been examined however it was identified that the RPA recommendations had not been signed as actioned. This was discussed with Mr Finnegan and an area for improvement against the standards has been made in this regard.

The dental team confirmed that the x-ray equipment had been serviced, however evidence of the service was not available for review. This was discussed with Mr Finnegan and an area for improvement against the standards has been made in this regard.

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

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 measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. It was identified that the six monthly x-ray quality audits for the CBCT were not available for review. This was discussed with Mr Finnegan and following the inspection, RQIA received evidence that these audits had been completed.

Addressing the areas for improvement will ensure 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.

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 request at reception.

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

Discussion with Mr Finnegan confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Finnegan 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](#). 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.

Mr Finnegan 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 dental nurses.

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 Minimum Standards for Dental Care and Treatment (March 2011).

	Regulations	Standards
Total number of Areas for Improvement	1	4

Areas for improvement and details of the QIP were discussed with Mr Finnegan, Responsible Individual, 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	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 14 February 2025	The responsible individual shall ensure that an Access NI enhanced disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future. Ref: 5.2.1 Response by registered person detailing the actions taken: I will ensure that all Access NI checks are completed before staff commences employment

Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The responsible individual shall ensure that conscious sedation policy has been updated to reflect the Conscious Sedation in Dentistry, Dental Clinic Guidance, (Third Edition); Scottish Dental Clinical Effectiveness Programme (SDCEP).</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been updated in the policy file</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 14 February 2025</p>	<p>The responsible individual shall ensure that supplemental oxygen, in addition to the emergency oxygen cylinder, is available when treatment using conscious sedation is being provided.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Oxygen cylinder has been ordered</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The responsible individual shall ensure that the recommendations as outlined in the Radiation Protection Advisor reports pertaining to the intra-oral x-ray machines and the cone beam computed tomography (CBCT) machine are reviewed and signed as actioned.</p> <p>Ref: 5.2.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Radiation file has been updated as requested</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The responsible individual shall ensure that evidence of the x-ray equipment service is submitted to RQIA on return of this QIP.</p> <p>Ref: 5.2.7</p> <hr/> <p>Response by registered person detailing the actions taken: This has been booked and will forward evidence when engineer completes this</p>

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



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