

# Inspection Report

4 June 2024



## Loughridge Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 116 Upper Lisburn Road, Belfast, BT10 0BD  
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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> ETC[Ni] Ltd T/A Loughridge Dental Care	<b>Registered Manager:</b> Mr Christopher Loughridge
<b>Responsible Individual:</b> Mr Christopher Loughridge	<b>Date registered:</b> 28 August 2014
<b>Person in charge at the time of inspection:</b> The lead dental nurse	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Loughridge Dental Care 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 does not offer conscious sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 4 June 2024 from 10.00 am to 2.30 pm.

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

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

Two areas for improvement have been identified against the standards in relation to ensuring the required periodic tests to check the efficiency of the decontamination equipment are undertaken and developing robust arrangements regarding radiology audits.

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 patient questionnaires were received prior to the inspection.

Five staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Four staff members indicated that they were very satisfied with each of these areas of patient care and one member of staff indicated that they were neither satisfied or dissatisfied.

### **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 Loughridge Dental Care was undertaken on 04 March 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, in the main, adhered to legislation and best practice guidance. Advice and guidance was provided to the lead dental nurse to further develop the recruitment policy to include all the information required as outlined in Regulation 19, Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Following the inspection, RQIA received confirmation that this issue was being addressed.

Mr Loughridge oversees the recruitment and selection of the dental team, he approves all staff appointments and is supported by the lead dental nurse. Discussion with the lead dental nurse confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. The staff register reviewed did not include the dates of birth of staff and also the dates of leaving employment. This was discussed with the lead dental nurse and following the inspection, RQIA received confirmation that this issue had been addressed.

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of a sample of two of the personnel files of the newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of a full employment history for one of the staff members. This was discussed with the lead dental nurse and following the inspection, RQIA received evidence that this issue had been addressed.

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 actions taken following the inspection it was demonstrated 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 Loughridge to ensure that the dental team is suitably skilled and qualified.

Some of the training records for staff were not available to review during the inspection. This was discussed with the lead dental nurse and following the inspection, RQIA received evidence that this issue had been addressed.

It was noted that staff fire safety awareness training was not up to date. This was discussed with the lead dental nurse and following the inspection RQIA was informed that all staff would receive fire safety awareness training as a matter of urgency and annually thereafter.

As a result of the actions taken following the inspection it was demonstrated 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.

A system was in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. It was identified that the size zero oropharyngeal airway and an oxygen mask had exceeded their expiry dates. Advice and guidance was provided to the lead dental nurse and following the inspection RQIA received confirmation that these items had been replaced.

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.

The lead dental nurse confirmed that conscious sedation is not offered in Loughridge Dental Care.

### **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. The lead dental nurse confirmed that she was the nominated lead with 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. However, the flooring around the base of the dental chairs in surgeries one and two were in need of repair. Following the inspection RQIA received photographic evidence that the flooring in both identified surgeries had been made good.

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 not all of the required periodic tests to check the efficiency of the machines had been undertaken. There was no evidence that the weekly protein residue test for the DAC machine and the monthly soil test for the washer disinfectant had been completed and recorded. Advice and guidance was provided to the lead dental nurse who informed us that this issue would be addressed as a matter of urgency. An area for improvement has been made against the standards to ensure that all the required periodic tests to check the efficiency of the decontamination equipment are undertaken and recorded in keeping with HTM 01-05.

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.

Addressing the area for improvement will ensure 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 in response to the pandemic was discussed with members of the dental team. These discussions 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 three surgeries, two of which have an intra-oral x-ray machine, there is also an orthopan tomogram (OPG) machine located in a separate area 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.

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 OPG 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. The RPS who oversees radiation safety within the practice should review the radiation protection files on at least an annual basis to ensure that they are accurate and up to date. There was no record to evidence that the files had been reviewed by the RPS. The lead dental nurse was advised to ensure that the radiation files are reviewed annually. Following the inspection RQIA received confirmation that this issue had been addressed.

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.

The lead dental nurse confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent reports generated by the RPA, dated 20 September 2022, evidenced that the x-ray equipment had been examined. It was identified that the recommendations made had been dated but not signed as being actioned. This was brought to the attention of the lead dental nurse and this issue was addressed during the inspection.

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.

Quality assurance systems and processes to ensure that all matters relating to x-rays reflect legislation and best practice guidance were reviewed. It was evidenced that measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation and digital x-ray processing. However, there was no evidence that x-ray quality audits had been undertaken on a six monthly basis and annual justification and clinical evaluation recording audits were incomplete. This issue was discussed with the lead dental nurse and following the inspection RQIA received confirmation that this issue would be addressed.

An area for improvement has been made against the standards to ensure robust arrangements are in place to undertake six monthly x-ray quality image grading audits and annual justification and clinical evaluation recording audits. An action plan should be developed for any deficits identified, and be signed and dated by an appropriate person.

Advice was also provided to the lead dental nurse to ensure that the handover of equipment log was signed after any equipment was serviced and following the inspection, RQIA received confirmation that this issue had been addressed.

Addressing the area for improvement in relation to radiology and radiation safety arrangements will evidence that procedures are in place to ensure that appropriate x-rays are taken safely.

### 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.

Review of the complaints policy evidenced that some of the contact details required updating. Advice and guidance was provided to the lead dental nurse to further develop the complaints policy to include the updated contact details for RQIA and the Strategic Planning and Performance Group (SPPG). Following the inspection confirmation was received that this issue had been addressed.

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 the lead dental nurse confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The lead dental nurse 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.

### 5.2.10 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 Loughridge 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 lead dental nurse.

The lead dental nurse demonstrated that the equality data collected was managed in line with best practice.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have 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	2

Areas for improvement and details of the QIP were discussed with the lead dental nurse 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 4 June 2024	The responsible individual shall ensure that all the required periodic tests to check the efficiency of the decontamination equipment are undertaken and recorded in keeping with best practice guidance.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> New alternative and improved log books sought and testing now shared between 2 staff members allowing for constant logging.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.1  <b>Stated:</b> First time  <b>To be completed by:</b> 4 June 2024	The responsible individual shall ensure robust arrangements are in place to undertake six monthly x-ray quality image grading audits and annual justification and clinical evaluation recording audits. An action plan should be developed for any deficits identified, and be signed and dated by an appropriate person.  Ref: 5.2.8
	<b>Response by registered person detailing the actions taken:</b> Amendments made to Audit template allowing for additional 'users' to be audited.

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



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