

# Inspection Report

20 February 2025



## Slevin Dental

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 12 Loy Street, Cookstown, BT80 8PE  
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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> Mr Marc Slevin	<b>Registered Manager:</b> Mr Marc Slevin  <b>Date registered:</b> 12 April 2017
<b>Person in charge at the time of inspection:</b> Mr Marc Slevin	<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> Slevin Dental 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 a care inspector on 20 February 2025 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 staff training; management of medical emergencies; infection prevention and control; management of complaints and incidents; and governance arrangements.

One area for improvement has been made against the regulations to ensure that enhanced Access NI disclosure checks are completed prior to a staff member taking up position in the dental team.

One area for improvement has been made against the standards in relation to arrangements for the annual review of the radiation protection file to ensure it includes relevant, up to date information.

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.

Five patients submitted responses. Patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. A number of patient responses included comments indicating that staff were professional and friendly and that care was of a high standard.

One staff member 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. They indicated that they were very satisfied with each of these areas of patient care and commented on the exceptional standard of care and treatment provided by the practice.

### 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 Slevin Dental was undertaken on 7 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. A review of these documents identified that further development was required to ensure that the recruitment policy and procedures are fully reflective of legislation and best practice guidance. This was

discussed with Mr Slevin and following the inspection, RQIA received confirmation that this matter had been addressed.

Mr Slevin oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Slevin confirmed that he had a clear understanding of the legislation and best practice guidance. A review of the staff register evidenced that two 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. Mr Slevin was provided with advice and guidance regarding the matters that required further attention. Following the inspection, RQIA received confirmation that these matters had been addressed.

It was identified that the outcome of the enhanced Access NI disclosure checks for the two newly recruited staff members had been received after the staff members had commenced employment in the practice. This matter was discussed with Mr Slevin 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 Slevin to ensure that the dental team is suitably skilled and qualified. It was identified that not all training records were available for review during the inspection, this matter was discussed with Mr Slevin and following the inspection, RQIA received evidence that this matter had been addressed.

As a result of the actions taken following the inspection, it is 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 that some additional items were required. This matter was discussed with the practice manager, and following the inspection, RQIA received confirmation that this matter had been addressed.

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 following the inspection, it is determined that sufficient emergency medicines and equipment are 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 Slevin confirmed that conscious sedation is not offered in Slevin Dental.

#### **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 Slevin. 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 Slevin regularly checks Department of Health (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. Mr Slevin 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. All areas of the practice observed were equipped to meet the needs of patients, however there were some matters which required further attention. This matter was discussed with Mr Slevin and following the inspection, RQIA received confirmation that this matter had been addressed.

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 section 5.2.6 of this report. A review of these audits evidenced that they were being completed on an annual basis. Advice and guidance was provided to Mr Slevin to complete these audits on a six monthly basis, in keeping with best practice guidance and where applicable, an action plan should be generated to address any improvements required. Assurances were given by Mr Slevin during the inspection that this matter would be addressed.

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.

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

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. Advice and guidance was provided regarding the decontamination of reusable dental hand pieces. Mr Slevin was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

As a result of the actions taken following the inspection, it is determined 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 each of which has an intra-oral x-ray machine. In addition, there is a combined cone beam computed tomography (CBCT)/orthopan tomogram (OPG) 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/OPG.

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 is required to oversee radiation safety within the practice and should regularly review the radiation protection files to ensure that they are accurate and up to date. It was identified that records were not available to confirm that the RPS had reviewed the radiation protection file for the intra oral x-ray machines. This matter was discussed with Mr Slevin and following the inspection, RQIA received confirmation that this matter 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. A critical examination and acceptance test report for the new CBCT/OPG machine was undertaken during May 2024.

The most recent report generated by the RPA on 22 June 2023 was not included in the radiation protection file to evidence that the x-ray equipment had been examined and any recommendations made had been actioned. This matter was discussed with Mr Slevin and the report was made available during the inspection, however the recommendations had not been signed and dated as actioned. Following the inspection, RQIA received evidence that this matter had been addressed.

A copy of the local rules was not on display near each x-ray machine observed and appropriate staff had not signed to confirm that they had read and understood these. This matter was discussed with Mr Slevin and following the inspection, RQIA received confirmation that these matters had been addressed.

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, x-ray audits and digital x-ray processing. A review of records evidenced that x-ray quality audits had been completed six monthly in keeping with best practice, however an annual justification and clinical evaluation audit was not available for review. This matter was discussed with Mr Slevin and following the inspection a copy of this audit was submitted to RQIA. Assurance was provided by Mr Slevin that a justification and evaluation audit will be completed annually and retained for inspection.

In view of the issues identified in relation to the radiology and radiation safety arrangements in the practice, an area for improvement has been made against the standards for the RPS to regularly review the radiation protection folder to ensure all records are completed and up to date information as specified within legislation and best practice guidance is available for staff reference and guidance.

Addressing the area for improvement in relation to radiology and radiation safety will strengthen the arrangements and procedures in place to ensure that 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.

There were separate complaints policies and procedures in place, one for Health and Social Care (HSC) patients and one for private patients that provided clear instructions for patients and staff to follow. Advice and guidance was provided to Mr Slevin to further develop the private complaints policy 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 confirmed that no complaints had been received since the previous inspection.

Discussion with Mr Slevin confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Slevin 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 Slevin 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 Slevin.

**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
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the QIP were discussed with Mr Slevin, Registered person, 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 <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 20 February 2025	The registered person shall ensure that an enhanced Access NI 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
	<b>Response by registered person detailing the actions taken:</b> All new members of staff will have their Access NI complete before commencing work in the future
<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 8 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 February 2025	The registered person shall ensure that the radiation protection supervisor undertakes a regular review of the radiation protection folder to ensure all records are completed and up to date information as specified within the legislation and best practice guidance is available for staff reference and guidance.  Ref: 5.2.7
	<b>Response by registered person detailing the actions taken:</b> The radiation folder will be updated and completed as required with all records completed moving forward

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



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