

Inspection Report

2 August 2024



Ebrington Dental

Type of service: Independent Hospital (IH) – Dental Treatment
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www.rqia.org.uk

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

Organisation/Registered Provider: Miss Meabh Owens	Registered Manager: Miss Meabh Owens Date registered: 3 May 2013
Person in charge at the time of inspection: Practice Manage	Number of registered places: Four increasing to five
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Ebrington Dental was initially registered with the Regulation and Quality Improvement Authority (RQIA) on 3 May 2013 as Great James Street Dental. On 26 February 2024, Miss Meabh Owens submitted to RQIA a variation to registration application to change the name of the practice to Ebrington Dental. The application also included a change of address as the practice had relocated to new premises. The larger premises have permitted the addition of a fifth surgery and as such the application requested to increase the number of registered dental chairs from four to five. The new premises are discussed further in section 5.4 of this report. Ebrington Dental is an independent hospital (IH) with a dental treatment category of care. The practice provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced primary and variation to registration inspection combined, undertaken by a care inspector on 2 August 2024 from 10.00 am to 1.30 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during or/and since the last care inspection. This inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the dental chairs from four to five.

An RQIA estates officer reviewed the variation to registration application in regards to matters relating to the premises and has approved the variation application from an estates perspective.

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; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; 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.

Miss Owens was not present on the day of inspection. The inspection was facilitated by the practice manager.

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 Great James Street Dental was undertaken on 1 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 adhered to legislation and best practice guidance.

Miss Owens oversees the recruitment and selection of the dental team, and she approves all staff appointments with the support of the practice manager. Discussion with the practice manager confirmed that she 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 three personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

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 Miss Owens and the practice manager, 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.

The practice manager confirmed that conscious sedation is not offered in Ebrington 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.

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 practice manager 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.

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.

The arrangements for the management and storage of clinical waste was discussed with the practice manager and advice and guidance was provided in this regard.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the 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. It was confirmed that the equipment in the decontamination room and the supply of reusable dental instruments are sufficient to meet the demands associated with an (additional) fifth surgery.

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 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.

Review of the equipment inventory and a tour of the premises identified that the practice has five intra oral x-ray machines, of which two are brand new. There is, in addition, a new cone beam computed tomography (CBCT) machine, which is located in a separate room. The practice manager advised that the CBCT has not yet been commissioned into clinical practice.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment and also when an x-ray unit is moved to a different location; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. Critical examination and acceptance test reports for the five intra-oral x-rays and the CBCT were undertaken by the appointed RPA on 25 July 2024.

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

A review of the intra-oral X-ray file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with intra-oral radiology and had ensured that these staff had completed appropriate training.

Review of the most recent report generated by the RPA on 31 July 2024 evidenced that the x-ray equipment had been examined however, the recommendations made were yet to be acknowledged as actioned by the RPS. This was brought to the attention of the practice manager who advised that both radiation files had been in the possession of the appointed RPA up until the day before inspection. Assurances were given by the practice manager that the RPS would review the files as a matter of urgency to ensure that they were accurate and up to date in advance of the practice opening.

Copies of the new local rules were on display near each x-ray machine observed however, it was identified that staff still needed to read and acknowledge the local rules. Following inspection, the practice manager confirmed that these matters had been actioned.

As previously mentioned, the CBCT is not in use clinically. Discussion with the practice manager identified that the dentists planned to attend formal CBCT training. Guidance was given to the practice manager to ensure that, on completion of training, the RPS should entitle relevant members of the dental team with respect to CBCT imaging. Evidence of entitlements and accompanying training records should be retained within the CBCT radiology file.

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.

The radiology and radiation safety arrangements evidenced 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.

Advice and guidance was provided to the practice manager to further develop the complaints procedure. Following inspection, it was confirmed that this matter 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A complaints audit had been undertaken to identify trends, drive quality improvement and to enhance service provision.

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

Miss Owens 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.

5.4 Are the new dental surgeries fully equipped to provide private dental care and treatment?

As discussed in section 1.0, Ebrington Dental has relocated to new premises. A tour of the new premises was undertaken. A good standard of décor and furnishings were observed throughout the premises. All surgeries were found to be clean, tidy, uncluttered and work surfaces intact and easy to clean. The flooring was impervious and coved where it met the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were in place for the management of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised accessed and had been signed and dated on assembly. Dedicated hand washing basins were available with hand hygiene signage displayed. It was noted that liquid hand soap and wall mounted disposable hand towel dispensers were provided in keeping with best practice guidance. The arrangements for PPE were reviewed and it was noted that PPE was readily available for the dental team in accordance with treatments provided.

The practice manager advised that one new dental chair had been installed in surgery one, with dental chairs in the other four surgeries being relocated from the old premises. It was confirmed that all dental chairs have independent bottled water systems and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions.

As discussed in section 2.0, an RQIA estates officer undertook a desktop review of the application and has approved the application from an estates perspective.

It was determined that the premises were fit for purpose was finished to a high standard.

The variation to registration application was approved from a care perspective following the inspection.

5.5 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The practice manager is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.6 Is the patient guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The practice manager is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

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 the practice manager as part of the inspection process and can be found in the main body of the report.



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