

Inspection Report

24 February 2025



Martina Collins Dental and Skin

Type of service: Independent Hospital (IH) – Dental Treatment, and
Intense Pulsed Light(IPL) aesthetic service

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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

<p>Organisation/Registered Provider: Martina Collins Dental and Skin Clinic Ltd</p> <p>Responsible Individual: Ms Martina Collins</p>	<p>Registered Manager: Ms Shelly Warren (Acting)</p>
<p>Person in charge at the time of inspection: Ms Shelly Warren</p>	<p>Number of registered places: Three</p>
<p>Categories of care: Independent Hospital (IH) – Dental Treatment PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources</p>	
<p>Brief description of how the service operates: Martina Collins Dental and Skin is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital with the following categories of care: dental treatment and prescribed techniques or prescribed technology: establishments using intense light sources. Martina Collins Dental and Skin is registered for three dental surgeries and provides general dental care and treatment without sedation. The practice also provides a range of facial aesthetics. This inspection focused solely on those services and treatments that fall within regulated activity and the categories of care for which the establishment is registered.</p> <p>Intense Pulse Light (IPL) equipment:</p> <ul style="list-style-type: none"> • Manufacturer: Lumenis • Model: M22 • Serial Number: 20897 • Wavelength: IPL 515 to 1200nm <p>Types of IPL treatment provided:</p> <ul style="list-style-type: none"> • hair reduction • skin rejuvenation • skin pigmentation • acne treatment <p>The Lumenis M22 machine is a multi-platform machine that is also capable of operating as a Class 4 laser by changing the hand piece. It was confirmed that a laser hand piece was not provided in the establishment.</p>	

Martina Collins Dental and Skin Clinic Ltd also operates a registered dental practice in Hillsborough. Ms Collins is the responsible individual for Martina Collins Dental and Skin Clinic Ltd.

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 February 2025 from 10.00 am to 2.00pm.

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; decontamination of reusable dental instruments; radiology and radiation safety; IPL 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.

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.

Two 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. Both patients indicated that they were very satisfied with each of these areas of their care. One of the patient responses included comments which indicated an experience of a very professional service provided by excellent dental staff.

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 Martina Collins Dental and Skin was undertaken on 4 June 2024; 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.

Ms Martina Collins, Responsible Individual and Ms Shelley Warren, Acting Registered Manager oversee the recruitment and selection of the dental team and they approve all staff appointments. Discussion with Ms Warren confirmed that she 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 the personnel files of newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required. Advice was provided on written references and Ms Warren was receptive to this advice.

There was evidence of job descriptions and induction checklists for the different staff roles. It was noted that one trainee dental nurse had been given a job description for a dental nurse role. It was advised that a job description should outline the role and responsibilities relevant to the job to be undertaken. Following the inspection Ms Warren confirmed that a new job description for a trainee dental nurse had been devised and had been provided to the relevant member of staff.

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 the acting registered manager and the responsible individual, 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 most emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. It was noted some items were not included on the emergency equipment monitoring list and one item observed had exceeded its expiry date.

Following the inspection Ms Warren confirmed that the identified item had been replaced and the emergency equipment monitoring arrangements had been extended to include all of the emergency equipment. It was noted that the emergency medication, a glucagon injection was stored outside of the fridge within the emergency medicine box. If this medication is not stored under refrigeration conditions then the expiry date requires to be adjusted accordingly however, the expiry date for this medication had not been adjusted to reflect the storage arrangements. Following the inspection Ms Warren confirmed that the glucagon injection expiry date would be adjusted in line with the storage arrangements.

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.

Ms Warren confirmed that conscious sedation is not offered in Martina Collins Dental and Skin.

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 Ms Warren.

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](#). Ms Warren regularly checks the 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. Ms Warren and staff 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.

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 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 each of which has an intra-oral x-ray machine. 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.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file 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 oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

Ms Warren confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA on 31 May 2024 evidenced that the x-ray equipment had been examined and Ms Warren confirmed any recommendations made had been actioned. However, the report had not been signed by the RPS has reviewed and actioned. Following the inspection Ms Warren submitted the RPA report which had been signed by the RPS.

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 were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing. It was advised that the RPS reviews and signs the x-ray audits for completeness.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.8 How does the service ensure that laser and IPL procedures are safe?

Staffing

Ms Warren confirmed that IPL treatments are carried out solely by authorised operators. The register of authorised operators for the IPL machine reflected that this register was up to date and that there was currently one authorised operator with no new authorised operators having been recruited since the previous inspection.

Ms Warren is aware that should a new authorised operator be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for inspection.

A review of training records evidenced that the authorised operator has up to date training in core of knowledge training, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

Laser safety

A laser safety file was in place which contained the relevant information in relation to the IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires in February 2026.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises during February 2025 and all recommendations made by the LPA have been addressed.

Ms Warren told us that IPL procedures are carried out following medical treatment protocols produced by Ms Martina Collins and confirmed that arrangements were in place to review the medical treatment protocols every year.

Ms Collins, as the laser protection supervisor (LPS), has responsibility for safety during IPL treatments and a list of authorised operators is maintained. The authorised operator had signed to state that they had read and understood the local rules and medical treatment protocols.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency. When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The IPL machine is operated using a passcode. Arrangements are in place for the safe custody of the passcode when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Ms Warren stated that the authorised operator ensures that the laser safety warning signage is only displayed when the IPL equipment is in use and removed when not in use.

Martina Collins Dental and Skin have an IPL register. A review of the register evidenced that it is completed every time the equipment is operated and includes:

- the name of the person treated
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

It was advised to ensure the date of treatment is included for each client and Ms Warren gave assurances on this matter.

There are arrangements in place to service and maintain IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL was reviewed.

The IPL treatments are carried out in one treatment room within the establishment. Cleaning schedules for the treatment room were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year. It was noted the fire risk assessment did not include details of the IPL service. Following the inspection Ms Warren submitted evidence to RQIA that the fire risk assessment would be reviewed to include the IPL service.

It was determined that appropriate arrangements were in place to maintain the environment and to operate the IPL equipment.

Client pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The service has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner (GP), with their consent, for further information if necessary.

Three client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form (client only)
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

It was noted that the IPL treatment consent forms were signed by the client only and not countersigned by the authorised operator. It was advised it is best practice that consent forms are also signed by the authorised operator who has explained the procedure and will be carrying out the treatment. Following the inspection RQIA received evidence that the consent form had been amended to include the authorised operator's signature and will be completed accordingly for future clients.

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The service has a policy for advertising and marketing which is in line with legislation.

Discussion with Ms Warren regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that electronic client care records were password protected and stored securely.

Ms Warren told us that clients are invited to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. Ms Warren confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

IPL safety arrangements demonstrated that the authorised operator and LPS are adhering to legislation and current best practice guidance on the provision of IPL services.

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.

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 the patients and staff to follow. Advice was provided on the timescales for responding to HSC patient complaints and following the inspection Ms Warren submitted a HSC complaints procedure with amended timescales. 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 Ms Warren confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Warren 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.

Ms Martina Collins 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 Ms Warren.

6.0 Quality Improvement Plan/Areas for Improvement

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



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