

Inspection Report

24 August 2023



David Reaney & Associates Ltd t/a Bridge Dental

Type of service: Independent Hospital (IH) – Dental Treatment
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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

Organisation/Registered Provider: David Reaney & Associates Limited	Registered Manager: Mr Daniel Ewart
Responsible Individual: Mr David Reaney	Date registered: 22 July 2020
Person in charge at the time of inspection: Mr David Reaney	Number of registered places: Two increasing to four following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: <p>David Reaney & Associates Ltd t/a Bridge Dental are registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.</p> <p>David Reaney & Associates Limited is the registered provider for two dental practices registered with RQIA. Mr David Reaney is the responsible individual for David Reaney & Associates Limited.</p> <p>A variation to registration application was submitted to RQIA to increase the number of dental chairs from two to four. This is discussed further in section 5.4 of this report.</p>	

2.0 Inspection summary

This was an announced primary and variation to registration inspection, undertaken by a care inspector on 24 August 2023 from 10.00am to 1.00pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified since the last care inspection. The 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 to increase the dental chairs from two to four.

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.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and continues to liaise with Mr Reaney in this regard. Mr Reaney will be informed of the outcome of RQIA estate's review in due course.

The variation to registration application is approved from a care perspective. Mr Reaney is aware that separate approval has yet to be confirmed by the RQIA estates team.

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.

Eight 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.

Three 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. All staff indicated that they were very satisfied with each of these areas of patient care.

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 David Reaney & Associates Ltd t/a Bridge Dental was undertaken on 15 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.

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

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of the four new staff member's personnel files evidenced that in the main, the relevant recruitment records had been sought; reviewed and stored as required. However, it was identified that there was no completed application form or curriculum vitae (CV) to verify each applicant's employment history, reasons for leaving previous employment or to ensure any employment gaps had been explored. It was also identified that a criminal conviction declaration had not been completed for each staff member. These matters were discussed with Mr Reaney who advised that submitted application forms/CVs are held centrally in the main office at his other practice and are scrutinised as part of the recruitment process. Following the inspection RQIA was provided with a copy of a recruitment checklist that had been completed in respect of each new staff member that evidenced each applicant's employment history had been reviewed and that a criminal conviction declaration had been completed for each new staff member. Mr Reaney was advised that all records concerning the operation of the practice must be available for review during inspection.

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 Mr Reaney 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.

Mr Reaney confirmed that conscious sedation is not offered in David Reaney & Associates Ltd t/a Bridge 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. Mr Reaney 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 the practice, a review of an existing dental surgeries and the decontamination room were seen to be clean, tidy and uncluttered. The two new surgeries are further discussed in section 5.4 of this report.

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. It was evidenced that the audits are completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required. It was noted that the most recent IPS audit undertaken on 8 August 2023 did not include the two new surgeries, this was discussed with Mr Reaney who stated that an updated IPS audit, to include the two new dental surgeries, would be completed at the earliest opportunity. Advice was provided in this regard.

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 a member of the dental team confirmed that they had received IPC training relevant to their role and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

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

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

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 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 (HSE) (Northern Ireland). A review of records evidenced the practice had registered with the HSE.

The practice now has four surgeries, three of which has an intra-oral x-ray machine. The x-ray equipment inventory had been updated in this regard.

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 files to ensure that it is or they are accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. A review of records confirmed that the routine three yearly quality assurance test for the two existing intra-oral x-ray machines had been undertaken on 18 August 2021 and the critical examination and acceptance test for the new intra-oral machine located in dental surgery three was undertaken on 3 August 2023. A review of the respective LPA reports evidenced that the existing and new x-ray equipment had been examined in keeping with best practice guidance and that any recommendations made had been addressed.

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.

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.

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 Reaney confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Reaney 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 Daniel Ewart is the registered manager and is the nominated individual with overall responsibility for the day to day management of the practice. Mr Ewart is supported in this role by the lead nurse who is responsible for reporting to Mr Reaney. Mr Reaney monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were available for inspection.

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. It was demonstrated that the equality data collected was managed in line with best practice.

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

A review of the two new surgeries found that surgery three was tidy, uncluttered and that work surfaces were free from unnecessary objects, intact and easy to clean. However, surgery four contained several items surplus to requirement and work surfaces were being used to store a range of cleaning products and other items. Mr Reaney provided assurances that surgery four would be decluttered and made ready for providing dental care and treatment. Following the inspection RQIA received photographic verification that surgery four had been cleared of all unnecessary items and was compliant with HTM 01-05.

The flooring, in both new surgeries, was impervious and coved where it met the walls. A dedicated hand wash basin was available and hand hygiene signage was displayed in both surgeries.

It was confirmed that the newly installed dental chairs dental unit water lines (DUWL) will be managed in keeping with the manufacturer's instructions. Commissioning certificates for the dental chairs in each surgery was not available during the inspection and were provided to RQIA following the inspection.

It was confirmed that the equipment in the decontamination room is sufficient to meet the demands of the two new surgeries and that there is sufficient supply of reusable dental instruments to meet the demands of the new surgeries.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

As a result of the action taken to address the areas identified it was determined that both new dental surgeries were finished to a good standard and were fully equipped to provide private dental care and treatment. The variation to registration application is approved from a care perspective. Mr Reaney is aware that separate approval has yet to be confirmed by the RQIA estates team.

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 statement of purpose reviewed had been updated to reflect any changes detailed in the variation to registration application.

Mr Reaney 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, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was available in a recognised format to include the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The patient guide had been updated to reflect any changes detailed in the variation to registration application. Mr Reaney 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 Mr David Reaney, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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