

Inspection Report

28 November 2024



Altmore Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 61 Thomas Street, Dungannon, BT70 1HW
Telephone number: 028 8772 2615

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Altmore Dental Ltd	Registered Manager: Ms Sarah Walls
Responsible Individuals: Ms Sarah Walls	Date registered: 24 September 2015
Person in charge at the time of inspection: Ms Sarah Walls	Number of registered places: Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: This is a registered dental practice with four registered dental chairs, providing health service and private dental care and treatment without conscious sedation. This practice was initially registered with Regulation and Quality Improvement Authority (RQIA) on 23 September 2011. Mrs Sarah Walls submitted an application on behalf of Altmore Dental Limited to register Altmore Dental Practice with RQIA as an independent hospital (IH) with a dental treatment category of care. The application was for the registration of four dental chairs providing private dental care and treatment without conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 28 November 2024 from 10.00 am to 2.45 pm.

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

A desktop review of the premises, medicines management and finance sections of the registration application was also undertaken by the RQIA estates support officer, pharmacist inspector and a finance inspector. All have confirmed approval of the registration application from their corresponding estates, pharmacy and finance perspectives.

An application was also submitted for the registration of Ms Sarah Walls as the responsible individual and registered manager.

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; management of complaints and incidents; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is approved.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection. The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed 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 Altmore Dental Practice was undertaken on 7 June 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. A review of these documents identified that further development was required to ensure to the recruitment policy and procedures are fully reflective of legislation and best practice guidance. This was discussed with Ms Walls and following the inspection, RQIA received confirmation that this matter had been addressed.

Ms Walls oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms Walls 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 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. Ms Walls and the practice manager were provided with advice and guidance regarding the matters that required further attention. Following the inspection, RQIA received confirmation that these matters had been addressed.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

As a result of the actions taken by Ms Walls and the practice manager following the inspection, it is determined 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 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 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 items were required to be replaced and further equipment was also required. These matters were discussed with Ms Walls and following the inspection RQIA received confirmation that these matters had been addressed.

A review of the emergency medicines identified that the Glucagon injection was being stored outside of the fridge, however it was noted that the expiry date had not been adjusted in keeping with the manufacturer's guidance to reflect the storage arrangements of the Glucagon injection. This matter was brought to the attention of Ms Walls and 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 by Ms Walls and the practice manager 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.

Ms Walls confirmed that conscious sedation is not offered in Altmore Dental Practice.

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 Walls. 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 Walls regularly checks 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 Walls 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. These were discussed with Ms Walls and following the inspection, RQIA received confirmation that these matters 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 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.

As a result of the actions taken by Ms Walls and the practice manager 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 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 during the inspection process.

Review of equipment logbooks demonstrated that, in the main, all required tests to check the efficiency of the machines had been undertaken with the exception of the daily visual cleaning efficacy check for the washer disinfectant and also the protein residue test for the DAC Universal. These matters were discussed with lead dental nurse who had responsibility for IPC and decontamination in the practice, who gave assurances that these tests had been completed. This matter was also brought to the attention of Ms Walls and advice and guidance was provided to record these tests in the equipment log books when completed. Ms Walls was receptive to this advice and gave assurances that this would be addressed.

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.

As a result of the assurances provided by Ms Walls during 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 four surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

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

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. Advice was provided to Ms Walls to ensure that all applicable staff have completed appropriate training. Ms Walls was receptive to this advice and following the inspection RQIA received confirmation that this matter had been addressed. 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 Walls confirmed that no new radiology equipment had been installed since the previous RQIA inspection.

The most recent report generated by the RPA on 12 September 2022 evidenced that the x-ray equipment had been examined and all recommendations made, with the exception of two, had been actioned. This was discussed with Ms Walls who confirmed that one of the outstanding recommendations was no longer applicable and also gave assurances that the remaining recommendation would be actioned. Following the inspection, RQIA received confirmation that this matter had been addressed.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had, in the main, signed to confirm that they had read and understood these. Ms Walls was given advice to ensure all appropriate staff have signed to confirm that they have read and understood the local rules. Following the inspection, RQIA received confirmation that this matter had been addressed. 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 and x-ray audits.

As a result of the action taken by Ms Walls and the practice manager, following the inspection and the assurances received, it is determined that procedures are in place to ensure that appropriate 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.

The complaints policy and procedure provided instructions for patients and staff to follow, however a review of this policy identified that further development was required. This was discussed with Ms Walls and the practice manager 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 Ms Walls confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Walls 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.

As a result of the action taken by Ms Walls and the practice manager, following the inspection, it is determined that systems are 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.

Ms Walls 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 Walls.

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 Sarah Walls, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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