

# Announced Variation of Registration Inspection Report 18 December 2019



## Ballysillan Dental Centre

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 254 Ballysillan Road, Belfast, BT14 6RA**

**Tel No: 028 9071 4444**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered dental practice with two registered places providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from two to three has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Ms Jill Shiells – registration pending
<b>Person in charge at the time of inspection:</b> Ms Jill Shiells	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> Independent Hospital (IH) - Dental treatment	<b>Number of registered places:</b> 2 increasing to 3

Dental World 1 Limited is the registered provider for 11 dental practices registered with Regulation and Quality Improvement Authority (RQIA). Mrs Monica Shah is the responsible individual for Dental World 1 Limited.

### 4.0 Action/enforcement taken following the most recent care inspection dated 15 May 2019

The most recent inspection of the practice was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

#### 4.1 Review of areas for improvement from the most recent inspection dated 15 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	The registered person shall ensure the Infection Prevention Society (IPS) IPS audit of HTM 01-05 is undertaken in keeping with the Department of Health (DoH) guidance and any action plan generated should be addressed in a timely manner. Records should be retained.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Ms Shiells confirmed that the IPS audit will be undertaken on a six monthly basis. The most recent completed audit undertaken on 25 November 2019 was available for inspection. We found that the audit had been completed in a meaningful manner and the findings had been shared with all staff members.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the equipment used in the decontamination process is validated and that robust arrangements are established to ensure validation is undertaken annually.</p> <p>A copy of the validation certificates should be provided to RQIA upon return of the QIP.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We confirmed that copies of the validation certificates had been provided to RQIA in accordance with the previous QIP.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the radiation protection advisor (RPA) report and servicing reports are available in the practice. Copies of these documents should be provided to RQIA upon return of the QIP.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The most recent RPA report undertaken on 10 April 2019 and the x-ray machine servicing reports were contained within the dedicated radiation protection file.</p> <p>We confirmed that these documents had been provided to RQIA in accordance with the previous QIP.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the radiation protection supervisor (RPS) regularly reviews the information contained within the dedicated radiation protection file to ensure that it is current and be able to demonstrate that any recommendations made have been addressed.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We found that the previously appointed RPS was on a period of planned leave and a new RPS had been appointed. Ms Shiells confirmed that the RPA had been notified of the appointment of the new RPS. Ms Shiells stated that the new RPS was aware of their responsibility to regularly review the information contained within the radiation protection file to ensure that it is current and to confirm that any recommendations made have been addressed. The radiation protection file was seen to be up to date.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation to staff and patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP). The monitoring visit process should be reviewed to ensure the most recent IPS audit is scrutinised and the dedicated radiation protection file is examined during future monitoring visits.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Ms Shiells and review of documentation confirmed that the most recent unannounced Regulation 26 monitoring visits had been undertaken during May 2019 and November 2019. Ms Shiells informed us that a report of the Regulation 26 visit is provided to the practice in a timely manner following each visit. Review of these reports confirmed the information as outlined above had been included within the monitoring visits.</p>	<p><b>Met</b></p>

## 5.0 Inspection

An announced variation to registration care inspection took place on 17 December 2019 from 10.30 to 11:30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

The practice was initially registered as Glen Dental Surgery on 15 April 2013. The registration of Glen Dental Surgery was cancelled with effect from 15 February 2017. Following this date the practice continued to provide NHS dental care and treatment. Subsequently a change of ownership took place, the dental practice was renamed Ballysillan Dental Surgery and registered with RQIA on 6 December 2017 with two dental places. Since registration the practice was rebranded and is now called Ballysillan Dental Centre.

On 13 May 2019 an application for variation of the registration of the practice was submitted to RQIA by Mrs Monica Shah, responsible individual. The application was for the provision of a new decontamination room, this application was processed and subsequently approved. A further application for variation of the registration of the practice was submitted to RQIA by Mrs Shah on 23 October 2019. The application was to increase the number of registered dental chairs from two to three.

This inspection 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 number of dental chairs from two to three.

Mr Gavin Doherty, RQIA estates inspector, was informed of the proposed additional surgery. Mr Doherty reviewed documents submitted by Dental World 1 Limited and was satisfied that a premises inspection was not necessary in this case and approved the variation application from an estates perspective.

During the inspection the inspector met with Ms Jill Shiells, acting manager and a dental nurse. A tour of the premises was also undertaken.

There were examples of good practice found in relation to infection prevention and control, decontamination, maintenance of the environment and staff recruitment.

No areas requiring improvement were identified during this inspection.

The variation to registration to increase the number of registered dental chairs from two to three was approved from a care perspective following this inspection.

The findings of the inspection were provided to Ms Shiells at the conclusion of the inspection.



## 5.1 Inspection findings

### Statement of purpose

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 document had been updated to reflect the proposed additional dental chair.

### Patient Guide

A patient guide was available in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The document had been updated to reflect the proposed additional dental chair.

### Recruitment of staff

Discussion with Ms Shiells and review of the submitted variation to registration application confirmed that the development of the third dental surgery would require additional staff. Dental World 1 Limited had informed RQIA that Crumlin Road Dental Centre, which is owned and operated by Dental World 1 and registered with RQIA was to close at the end of December 2019. Arrangements had been made for staff members to transfer to Ballysillan Dental Centre, therefore there was no need to recruit any new staff members to meet the needs of Ballysillan Dental Centre

It was confirmed that in the event of appointing new staff, all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained.

### Environment

The new third surgery is located at the entrance of the dental surgery. The patient waiting area has been reconfigured to create a room to accommodate the third surgery. The patient waiting area has decreased in size however there is adequate seating and space to accommodate the needs of patients attending this dental practice as all areas are accessible for those who may have a disability.

Review of the third dental surgery evidenced that works have been completed to a good standard of maintenance and décor. The room had been fitted with a dental chair, an intra-oral x-ray machine and adequate cabinets.

The fire and legionella risk assessments had been reviewed and updated in respect of the third surgery. It was also confirmed that a fire drill had been carried out to include the third surgery.

### Infection prevention and control/decontamination

The arrangements in regards to the newly established new surgery were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be managed in keeping with the manufacturer's instructions.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Ms Shiells confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was confirmed that sufficient dental instruments were in place to meet the demands of the new dental surgery and that additional instruments will be provided should this need be identified in the future

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

A review of the most recent IPS audit, completed on 25 November 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. We were informed that the IPS audit is carried out by all the dental nurses on a rotational basis; this is good practice as this process helps to empower staff and promotes staff understanding of the audit, IPC procedures and best practice.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

## **Radiology**

As previously stated two dental surgeries were in operation in this practice each of the surgeries has an intra-oral x-ray machine.



It was noted that an intra-oral x-ray machine has also been installed in the newly established third surgery. Miss Shiells stated that a critical examination of the new intra-oral x-ray machine was arranged to take place on 23 or 24 December 2019 and stated that a copy of the critical examination report would be provided to RQIA. A copy of the installation certificate and critical examination report was subsequently provided to RQIA which confirmed that there were no recommendations to be addressed.

We found 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 staff have been authorised by the RPS for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **6.0 Conclusion**

The variation to the registration in regards to the increase in dental chairs from two to three was approved by the care inspector and the estates inspector following this inspection.

## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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