

# Inspection Report

22 July 2022



## Ballymena Dental Care Ltd

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 125 Broughshane Street, Ballymena, BT43 6EE  
Telephone number: 028 2565 6444

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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

<b>Organisation/Registered Provider:</b> Ballymena Dental Care Ltd	<b>Registered Manager:</b> Miss Linda McVey
<b>Responsible Individual:</b> Mr Damian McNally	<b>Date registered:</b> 21 April 2022
<b>Person in charge at the time of inspection:</b> Miss Linda McVey	<b>Number of registered places:</b> One increasing to two following this inspection
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> Ballymena Dental Care Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has one registered dental surgery and provides general dental services, private and health service treatment and does not offer conscious sedation.  A variation to registration application was submitted to RQIA to increase the number of dental chairs from one to two.	

## 2.0 Inspection summary

This was a variation to registration inspection, undertaken by two care inspectors on 22 July 2022 from 10.00 am to 12.00pm.

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

The inspection focused solely on the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

No areas for improvement were identified.

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

### 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.

Before the inspection the variation to registration application was reviewed. During the inspection the newly established second dental surgery was inspected.

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

### 4.0 The inspection

#### 4.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Ballymena Dental Care Ltd was undertaken on 7 April 2022 and no areas for improvement were identified.

### 4.2 Inspection findings

#### 4.2.1 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 had been updated to reflect any changes detailed in the variation to registration application. Miss McVey is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

#### 4.2.2 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 which covered 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. Miss McVey is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

#### **4.2.3 Have any new staff been recruited to work in the additional dental surgery in accordance with relevant legislation?**

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all the required information, was kept up to date and that one staff member had been recruited since the previous inspection.

The staff personnel file of the most recently recruited staff member was reviewed and evidenced that, in the main, all relevant recruitment records had been sought; reviewed and stored as required. It was noted that the staff member's employment history was incomplete. This was discussed with Miss McVey and following the inspection RQIA received confirmation that this information had been provided in the staff member's personnel file.

Miss McVey oversees the recruitment and selection of the dental team and approves all staff appointments. Miss McVey demonstrated that she had a clear understanding of the legislation and best practice guidance.

#### **4.2.4 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?**

The IPC arrangements were reviewed in relation to the additional dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new second dental surgery was clean, tidy and uncluttered. The work surfaces were intact and provided easy to clean surfaces. The flooring was impervious and coved where it meets the walls and kicker boards of cabinetry.

The sharps box was safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was available in the dental surgery. Hand hygiene signage was displayed, liquid hand soap was available, a wall mounted disposable hand towel dispenser was in place and a clinical waste bin was provided in keeping with best practice guidance.

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.

The newly installed dental chair had an independent bottled-water system and dental unit water lines are managed in keeping with the manufacturer's instructions.

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

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

#### **4.2.5 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

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 and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgery.

The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

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

#### **4.2.6 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?**

The arrangements concerning 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.

A new intra-oral x-ray machine had been installed in the second dental surgery. A review of records confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken during July 2022 and that any recommendations made had been actioned.

Miss McVey confirmed that the new x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions.

The appointed radiation protection supervisor (RPS) oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date. A review of records confirmed that the RPS had entitled the dental team, including the new staff member, to undertake specific roles and responsibilities associated with radiology and ensures that these staff had completed appropriate training.

The equipment inventory had been updated to include the newly installed x-ray machine. A copy of the local rules was on display near the x-ray machine and the appropriate staff had signed to confirm that they had read and understood these.

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

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

**5.0 Quality Improvement Plan/Areas for Improvement**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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



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