

Inspection Report

21 September 2023



Belfast Ormeau Road Total Orthodontics

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

Address: 218 Ormeau Road, Belfast, BT7 2FY

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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: Xeon Smiles UK Limited	Registered Manager: Ms Rhonda Sloan
Applicant Responsible Individual: Peter Crockard	Date registered: 12 March 2020
Person in charge at the time of inspection: Ms Rhonda Sloan	Number of registered places: Five increasing to six following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Belfast Ormeau Road Total Orthodontics 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 five registered dental surgeries and provides private and health service orthodontic treatment and does not offer conscious sedation. Bupa Dental Care Limited is the parent company of Xeon Smiles UK Limited and is the registered organisation for 19 dental practices registered with RQIA. Ms Sarah Louise Ramage is the responsible individual (RI) for Bupa Dental Care Limited. However, during the inspection, the registered manager confirmed that Ms Sarah Louise Ramage had left the organisation and would no longer be acting as RI for BUPA. Another named director within BUPA has submitted an application to be registered as RI. The matter will be followed up by the RQIA registration team.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 21 September 2023 from 10.00 am to 12.00 pm.

Prior to the inspection, a variation to registration application was submitted to RQIA, to increase the number to dental chairs from five to six.

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.

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 variation to registration application to increase the number of registered dental chairs from five to six 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 a range of information relevant to the registration application was reviewed. This included the following records:

- The variation to registration application
- The proposed statement of purpose
- The proposed patient guide
- The floor plans of Belfast Ormeau Road Total Orthodontics

During this inspection the additional dental surgery and the areas associated with the variation to registration application were inspected and discussed with Ms Sloan.

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

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 Belfast Ormeau Road Total Orthodontics was undertaken on 28 November 2022; 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. Ms Sloan 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. Ms Sloan 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?

There were robust recruitment and selection policies and procedures, that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the practice.

Bupa Dental Care Limited have a corporate human resources (HR) shared services department. The corporate HR department supports registered managers during the recruitment process.

The HR department are responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and issuing reference requests. The registered managers are responsible for ensuring all recruitment records have been sought and uploaded to the electronic HR system. Discussion with Ms Sloan confirmed that she had a clear understanding of the legislation and best practice guidance.

Discussion with Ms Sloan confirmed that existing staff had been transferred from another BUPA practice to work in the additional dental surgery. It was also confirmed that one new staff member had been recruited since the previous inspection. A review of the newly recruited staff personnel file evidenced that relevant recruitment records had been sought; reviewed and stored as required.

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.

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

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

The additional dental surgery was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin was in place with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers were provided in keeping with best practice guidance. It was noted that a clinical waste bin was not provided in the additional dental surgery. This was discussed with Ms Sloan who confirmed that the clinical waste bin had been ordered prior to the inspection. Following the inspection, RQIA received confirmation that the clinical waste bin was in place.

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.

Ms Sloan confirmed that the newly installed dental chairs had an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions.

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. During the inspection it was identified that the decontamination room had been relocated within the practice and was in operation. This was discussed with Ms Sloan and advice was given to submit a variation to registration application, as a matter of urgency, in this regard. Following the inspection, RQIA received a variation to registration application regarding the relocation of the decontamination room within the practice. The design and layout of this room will be followed up separately during the variation to registration application process to ensure that it complies with best practice guidance.

Ms Sloan confirmed that the practice has sufficient instruments and decontamination equipment to meet the needs of 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, with the exception of the protein residue test for the DAC machine. This was discussed with Ms Sloan who confirmed that these tests had been undertaken by the decontamination lead but had not been recorded. Advice and guidance was given to ensure that all required tests to check the efficiency of the machines are recorded. Ms Sloan gave assurances that this would be recorded going forward.

RQIA will review the application for variation to registration regarding the new decontamination room. Assurances were provided during this inspection 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 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 during the previous inspection evidenced the practice had registered with the HSE.

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.

Belfast Ormeau Road Total Orthodontics has five registered dental surgeries. The x-ray equipment comprises of one intra-oral x-ray machine and an orthopan tomogram machine (OPG) located in a separate room.

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. The most recent report generated by the RPA on 08 July 2022 was reviewed during the previous inspection and evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

Ms Sloan confirmed that no new x-ray equipment had been installed since the previous inspection and that a quality assurance test was not due to be undertaken. The radiation protection file was therefore not reviewed during this inspection.

5.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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