

Inspection Report

24 May 2023



Creative Smiles Dental Practice Limited

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 15-17 Upper Dunmurry Lane Dunmurry
Tel No: 028 9061 8545

www.rqia.org.uk

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 [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Creative Smiles Dental Practice Limited	Registered Manager: Mr. Mark Gilbert
Responsible Individual: Mr. Mark Gilbert	Date registered: 16 January 2012
Person in charge at the time of inspection: Mr. Mark Gilbert	Number of registered places: Four increasing to six following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the service <p>Creative Smiles Dental Practice Limited 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 four registered dental surgeries and provides general dental services, private and health service treatments and conscious sedation.</p> <p>A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from four to six.</p>	

2.0 Inspection summary

This was a variation to registration inspection undertaken by a care inspector on 24 May 2023 from 9.00 am to 10.30 am.

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

The 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 four to six.

Prior to this inspection Mr Gilbert confirmed that conscious sedation would not be offered in either of the two new surgeries therefore arrangements to provide conscious sedation were not reviewed during this inspection.

No areas for improvement were identified.

The variation to registration application to increase the number of registered dental chairs from four 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 premises

During this inspection both new dental surgeries and the areas associated with the variation to registration application were inspected and discussed with Mr Gilbert.

There were examples of good practice found in relation to infection prevention and control (IPC) and decontamination, maintenance of the environment, radiology 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 Creative Smiles Dental Practice was undertaken on 22 September 2021 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?

Review of the statement of purpose identified that it fully reflected the key areas and themes specified 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. Mr Gilbert is aware that the statement of purpose 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?

Review of the patient guide identified that it fully reflected 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 Gilbert is aware that the patient guide 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 evidenced that five new staff had been recruited since the last inspection. Review of a sample of three personnel files evidenced that all relevant recruitment records had been sought and reviewed as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Individual files are retained and managed by the Practice Administrator.

Mr Gilbert oversees the recruitment and selection of the dental team and approves all staff appointments with the support of the Business Development Manager and the Practice Administrator. Discussion with Mr Gilbert confirmed that he has a clear understanding of the legislation and best 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 to the two new additional dental surgeries to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new surgeries were 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.

Sharps boxes were not placed in either surgery at the time of inspection. Advice and guidance was provided to install sharps boxes, sign and date on assembly and to position safely to prevent unauthorised access. Following the inspection RQIA received confirmation that this matter had been addressed in both surgeries.

The staff member with responsibility for IPC and decontamination 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.

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

As a result of the IPC arrangements observed and the actions taken following the inspection it was determined that the dental team is adhering 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 area separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance. Equipment and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgeries.

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.

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.

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.

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. A review of records confirmed that Mr Gilbert had entitled all relevant members of the dental team to undertake specific roles and responsibilities associated with radiology and ensure that these staff had completed appropriate training.

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. An intra-oral x-ray machine had been installed in each new surgery. A review of records confirmed that a critical examination and acceptance tests of the new intra-oral x-ray machines had been undertaken by the RPA on 3 May 2023 and any recommendations made had been actioned.

Mr Gilbert confirmed that all x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions. The equipment inventory had been updated to include all x-ray equipment in place. A copy of the local rules was on display near the x-ray machines in the identified new surgeries 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. Measures are being taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

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
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 Mr Gilbert, Registered Individual as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
o @RQIANews

Assurance, Challenge and Improvement in Health and Social Care