

Inspection Report

5 May 2021



Downe Dental Care Limited

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 10 English Street, Downpatrick, BT30 6AB
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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: Downe Dental Care Limited	Registered Manager: Mrs Fay Micklethwaite
Responsible Individual: Mrs Fay Micklethwaite	Date registered: 10 January 2012
Person in charge at the time of inspection: Mrs Fay Micklethwaite	Number of registered places: Two increasing to three following the inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Downe Dental Care 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 two registered dental surgeries and provides general dental services, private and health service treatment without sedation. A variation to registration application was submitted to RQIA to increase the number of dental chairs from two to three.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 5 May 2021 from 1.25pm to 1.55pm. An RQIA estates support officer also undertook a desktop review of the variation to registration application.

An application for a variation of the registration of the practice was submitted to RQIA by Mrs Fay Micklethwaite, Responsible Individual. The application was to increase the number of registered dental chairs from two to three.

The inspection sought to review the readiness of the practice for the provision of dental care and treatment associated with the application of variation for one additional dental chair.

The variation to registration application to increase the number of registered dental chairs from two to three was approved from a care and estates 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 additional dental surgery was inspected and discussed with the responsible individual.

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).

5.0 The inspection

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

The last inspection to Downe Dental Care Limited was undertaken on 23 February 2021 and no areas for improvement were identified.

5.2 Inspection findings

5.2.1 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. Mrs Micklethwaite is aware that the Statement of Purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.2.2 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. Mrs Micklethwaite is aware that the Patient Guide is considered to be a live document and should be reviewed and updated as and when necessary.

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

Mrs Micklethwaite confirmed that no new staff had commenced work in the practice since the previous inspection.

Mrs Micklethwaite oversees the recruitment and selection of the dental team and approves all staff appointments. Mrs Micklethwaite confirmed that she had a clear understanding of the legislation and best practice guidance.

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

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

Two dedicated hand washing basins were available in the dental surgery. Hand hygiene signage was displayed, liquid hand soap was available, a wall mounted disposable hand towels 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 (DUWLs) 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.

5.2.5 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 was 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.

Mrs Micklethwaite confirmed the practice has sufficient dental instruments to meet the needs of the additional dental surgery when operational.

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

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

Mrs Micklethwaite confirmed that the additional dental surgery does not have x-ray equipment installed and will not be used to take x-rays.

6.0 Conclusion

Based on the inspection findings and discussions held the variation to registration application to increase the number of registered dental chairs from two to three was approved from a care and estates perspective following this inspection.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Micklethwaite, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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