

# Inspection Report

10 May 2022



## East Belfast Dental Clinic

Type of service: Independent Hospital (IH) – Dental Treatment  
Address: 65 Cregagh Road, Belfast, BT6 8PX  
Telephone number: 028 9045 1966

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mr Peter McCarron	<b>Registered Manager:</b> Mr Peter McCarron  <b>Date registered:</b> 8 July 2011
<b>Person in charge at the time of inspection:</b> Business Development Manager	<b>Number of registered places:</b> Three
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	
<b>Brief description of how the service operates:</b> East Belfast Dental Clinic 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 three registered dental surgeries 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 three to four.  East Belfast Dental Clinic is currently registered with RQIA as a sole owner. During the inspection the business development manager advised that the entity of the practice had changed from a sole owner to a limited company namely P&G McCarron Limited. The business development manager was advised that RQIA should have been informed of the change in entity of the practice and a new and full application for registration needed to be submitted to RQIA regarding the change of entity. Following the inspection RQIA received a registration application in respect of the change of entity.	

## 2.0 Inspection summary

This was a variation to registration inspection, undertaken by two care inspectors on 10 May 2022 from 09.30 am to 11.00 am.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and will inform Mr McCarron, Registered Person, of the outcome of their review in due course.

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 three to four.

The variation to registration application to increase the number of registered dental chairs from three to four was approved from a care perspective following this inspection. However the business development manager is aware that separate approval has yet to be confirmed by the RQIA estates team.

### **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 fourth 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 East Belfast Dental Clinic was undertaken on 7 December 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?**

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 business development manager was advised to ensure that the complaints section of the statement of purpose is amended to fully reflect the accurate details of who a complainant should refer to if they are dissatisfied with local resolution to their complaint. The business development manager 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. The business development manager 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?**

The business development manager confirmed that no new staff had commenced work in the practice since the previous inspection.

Mr McCarron oversees the recruitment and selection of the dental team; he approves all staff appointments and is supported by the business development manager. The business development manager 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 surgery was tidy, uncluttered and work surfaces were easy to clean. The business development manager was advised to ensure that the small gap identified between the worktop and the wall is sealed effectively and assurances were given that this issue would be addressed. 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 fourth dental surgery. A review of records confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken on 9 December 2021 and that any recommendations made had been actioned.

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

Mr McCarron is the radiation protection supervisor (RPS) and he 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 McCarron had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensure 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**

	<b>Regulations</b>	<b>Standards</b>
<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 the business services manager and lead dental nurse as part of the inspection process and can be found in the main body of the report.



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Authority

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