

# Announced Variation to Registration Care Inspection Report

**07 September 2018**



## **East Belfast Dental Clinic**

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 65 Cregagh Road, Belfast BT6 8PX**

**Tel No: 028 9045 1966**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with two registered places providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from two to three has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

### 3.0 Service details

<b>Registered Provider:</b> Mr Peter McCarron	<b>Registered Manager:</b> Mr Peter McCarron
<b>Person in charge at the time of inspection:</b> Mr Peter McCarron	<b>Date manager registered:</b> 8 July 2011
<b>Categories of care:</b> Independent Hospital (IH) - Dental treatment	<b>Number of registered places:</b> 2 increasing to 3

The practice was previously known as the Fresh Smile Clinic. Mr Peter McCarron, registered person, notified RQIA that the practice name has changed to the East Belfast Dental Clinic.

### 4.0 Action/enforcement taken following the most recent care inspection dated 6 July 2018

No further actions were required to be taken following the most recent inspection on 3 August 2018.

#### 4.1 Review of areas for improvement from the most recent inspection dated 6 July 2018

There were no areas for improvement made as a result of the last care inspection.

### 5.0 Inspection

An announced variation to registration inspection took place on 7 September 2018 from 14:00 to 14:45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011) and the Minimum Care Standards for Healthcare Establishments (July 2014).

This practice was initially registered with two registered places on 8 July 2011. On 10 August 2018 an application to vary the registration of the practice was submitted to RQIA by Mr Peter McCarron, registered person. The application was to increase the number of registered dental chairs from two to three and to reconfigure the decontamination room.

This 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 two to three and to review the decontamination room.

During the inspection the inspector met with Mrs Gemma McCarron, practice and business manager; Ms Jo-Ann Ferguson, clinical lead and dental nurse manager. A tour of the some of the premises was also undertaken.

There were examples of good practice found in relation to infection prevention and control and decontamination, radiology and the maintenance of the environment.

No areas requiring improvement were identified during this inspection.

The variation to registration to increase the number of registered dental chairs from two to three and the reconfiguration of the decontamination room was approved from a care perspective following this inspection.

The findings of the inspection were provided to Mrs McCarron and Ms Ferguson at the conclusion of the inspection.

## 5.1 Inspection findings

### Statement of purpose

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 document had been updated to reflect the proposed additional dental chair.

### Patient Guide

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 document had been updated to reflect the proposed additional dental chair.

### Recruitment of staff

Discussion with staff and review of the submitted variation to registration application confirmed that no new staff have been recruited since the previous inspection.

It was confirmed that in the event of appointing new staff, all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for any new the member of staff.

### Environment

The new third surgery is on the ground floor of the dental practice adjacent to the reception area. Review of the third dental surgery evidenced that works have been completed to a high standard. New fixtures included cabinetry, a dental chair and x-ray equipment.

The fire and legionella risk assessments had been reviewed and updated in respect of the third surgery. It was also confirmed that a fire drill had been carried out to include the third dental surgery. On 25 September 2018, RQIA received a copy of the electrical installation certificate for the completion of work undertaken in respect of the additional surgery.

## Infection prevention and control/decontamination

The arrangements in regards to the newly established third dental surgery on the first floor of the practice were reviewed. The new surgery has been established in a room which was previously unused. It was observed that the flooring in the surgery was impervious and covered where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be managed in keeping with the manufacturer's instructions.

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

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

It was confirmed that there are sufficient dental instruments to meet the demands of the third dental surgery and that additional instruments will be provided should this need be identified in the future.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available; since the previous inspection an internal partitioning wall has been moved to enlarge the decontamination room. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. No areas that require to be improved were identified. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the issues identified. The audit is carried out by Mr McCarron and various staff within the practice and the staff confirmed that the outcome of the audit is discussed at staff meetings.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

## 5.2 Radiology

As previously stated two dental surgeries were in operation in this practice and a third dental surgery has recently been established. Each of the surgeries has an intra-oral x-ray machine.

It was noted that a new intra-oral x-ray machine has been installed in the third surgery. It was confirmed that, as this machine is new, it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination of the new intra-oral x-ray machine had been undertaken by the appointed radiation protection advisor (RPA) on 03 August 2018. Review of the RPA report demonstrated that the recommendations made have been addressed.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

## 5.3 Conclusion

The variation to the registration in regards to the increase in dental chairs from two to three and the reconfiguration of the decontamination room was approved, by the care inspector, following this inspection.

## 5.4 Areas for improvement

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
🐦 @RQIANews