

Inspection Report

6 January 2023



The Dental Centre

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 315-317 Donegal Road, Belfast, BT12 6FQ
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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: J.O.E. Hudson Limited	Registered Manager: Mr Jack Hudson
Responsible Individual: Mr Jack Hudson	Date registered: 12 August 2020
Person in charge at the time of inspection: Mr Jack Hudson	Number of registered places: Four increasing to five following this inspection process
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of the accommodation/how the service operates: The Dental Centre 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 general dental services, private and health service treatment and does not offer conscious sedation. A variation to registration application was submitted prior to the inspection to RQIA to increase the number of dental chairs from four to five.	

2.0 Inspection summary

This was a variation to registration inspection undertaken by a care inspector on 6 January 2023 from 10.00 am to 12.00 pm.

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 five.

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

During this inspection the new dental surgery and the areas associated with the variation to registration application were reviewed.

The inspection was facilitated by the practice manager and Mr Hudson was present for feedback at the conclusion.

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 The Dental Centre was undertaken on 28 September 2022 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 proposed 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 practice manager 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 proposed 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 practice manager 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?

Mr Hudson oversees the recruitment and selection of the dental team; he approves all staff appointments and is supported by the practice manager. Discussion with practice manager confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of the personnel files of two newly recruited staff evidenced that all relevant recruitment records had been sought; reviewed and stored as required.

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 new additional dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

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

Sharps containers were safely positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicated hand washing basin provided 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 in keeping with best practice guidance, were provided.

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.

A newly installed dental chair with an independent bottled-water system was in place and discussion with staff demonstrated that the 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.

An intra-oral x-ray machine had been installed in the new surgery. A review of records confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken on 15 December 2022. However it was unclear if each recommendation made had been actioned as outlined. This was discussed with the practice manager and following the inspection RQIA received copies of the required documents which confirmed that all recommendations had been actioned.

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

Mr Hudson 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 Hudson 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 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.

4.2.7 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

The practice manager confirmed that conscious sedation is not provided in The Dental Centre.

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 Hudson and the practice manager 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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