

Inspection Report

3 October 2023



Kilrea Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment

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

1.0 Service information

Organisation/Registered Provider: Mr Roger S Moles	Registered Manager: Mr Roger Moles Date registered: 27 February 2012
Person in charge at the time of inspection: Mr Roger Moles	Number of registered places: One increasing to three following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Kilrea Dental Surgery 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 one registered dental surgery 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 prior to the inspection to expand the dental practice to include the ground floor of the premises and increase the number of dental chairs from one to three.	

2.0 Inspection summary

This was a variation to registration inspection undertaken by a care inspector on 3 October 2023 from 10.00 am to 11.30 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 expand the dental practice to include the ground floor of the premises and increase the number of dental chairs from one to three.

The variation to registration application to increase the number of registered dental chairs from one to three 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 new floor plans of Kilrea Dental Surgery

During this inspection the ground floor of the premises in which the two new dental surgeries were located and other areas associated with the variation to registration application were reviewed. It was noted that there is a room on the ground floor where a potential additional fourth dental surgery may be provided in the future; this room is currently not in use and was discussed. Mr Moles confirmed that a variation to registration application would be submitted to RQIA prior to a fourth dental surgery being introduced.

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 Kilrea Dental Surgery was undertaken on 4 January 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?

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 reviewed had been updated to reflect any changes detailed in the variation to registration application. Mr Moles was 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 to include 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 Moles was aware that the patient guide is considered to be a live document and should be reviewed and updated as and when

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

Mr Moles oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mr Moles confirmed that he had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that one new staff member had been recruited since the previous inspection. A review of a sample of the new staff member's personnel files evidenced that all relevant recruitment records had been sought; reviewed and stored as required, with the exception of a completed criminal conviction declaration. Following the inspection, a criminal conviction template was provided to Mr Moles for the staff member to complete. RQIA was subsequently informed that this document had been completed and retained in the staff member's personnel file.

The action taken following the inspection has ensured that recruitment of the dental team is compliant 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.

In addition to the two new dental surgeries, the ground floor provides a new patient waiting area; a reception area with an adjoining records storage room; a dedicated room for x-ray digital processing; toilet areas for patient and staff and a plant room. As previously discussed, there is ground floor room for another future dental surgery, it was evidenced that this room is currently not in use.

During a tour of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered.

All areas of the practice observed were equipped to meet the needs of patients.

Both 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 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.

Dental chairs with an independent bottled-water system were 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?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

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.

Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. It was identified that the validation certificates and pressure vessel test records were not available for inspection. Mr Moles advised these records were held electronically and would be provided to RQIA for review. Later on 3 October 2023, RQIA received a copy of the validation certificates for the washer disinfecter and the steriliser and on 4 October 2023 a copy of the pressure vessel test report for the steriliser was also received.

A review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken and recorded in keeping with best practice guidance.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

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 regarding 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 Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice now has three surgeries each of which has an intra-oral x-ray machine and the equipment inventory had been updated to reflected this.

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.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. 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.

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.

A review of records confirmed that a critical examination and acceptance test report for both new intra-oral machines located in surgeries one and two; and a quality assurance test for the existing intra-oral machine was undertaken in September 2023. The report generated by the RPA (dated September 2023) evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that 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.

It was confirmed that Kilrea Dental Surgery does not offer conscious sedation.

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 Moles, Registered Person, as part of the inspection process and can be found in the main body of the report.



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