

# Announced Variation to Registration Inspection Report 17 December 2020



## Maghera Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 27 Church Street, Maghera BT46 5EA**  
**Tel No: 028 7964 3396**  
**Inspector: Bridget Dougan**

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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 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 four registered places.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Maghera Dental Ltd  <b>Responsible Individual:</b> Mrs Jan Hamilton	<b>Registered Manager:</b> Mrs Jan Hamilton
<b>Person in charge at the time of inspection:</b> Mrs Jan Hamilton	<b>Date manager registered:</b> 12 September 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Four (increasing to five following this inspection)

## 4.0 Inspection summary

We undertook an announced variation to registration inspection on 17 December 2020 from 10:00 to 11:00 hours.

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 and the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011).

A variation to registration application was submitted to Regulation and Quality Improvement Authority (RQIA) by Mrs Jan Hamilton, Responsible Individual. The application was to increase the number of registered dental chairs from three to five.

We undertook a combined announced care and variation to registration inspection on 04 September 2020. During that inspection we found that only one of the new surgeries was fully equipped and commissioned, ready for use. The other surgery was prepared from a building and engineering services perspective but was not equipped with a dental chair and other associated equipment. As a result the variation to registration application to increase the number of registered dental chairs by one from three to four was approved from a care and estates perspective at that time.

The purpose of this inspection was 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 registered dental chairs from four to five.

We undertook a tour of the premises, met with Mrs Jan Hamilton, Responsible Individual, the practice manager and a receptionist. We reviewed relevant records and documents in relation to the new surgery and the day to day operation of the practice.

We were satisfied that the additional surgery was completed and finished to a high standard. Therefore the variation to registration application to increase the number of registered dental chairs from four to five was approved from a care and estates perspective following this inspection.

The findings of the inspection were provided to Mrs Hamilton at the conclusion of the inspection.

#### 4.1 Inspection outcome

	Regulations	Standards
Areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hamilton, as part of the inspection process and can be found in the main body of the report. A quality improvement plan (QIP) was not generated as a result of this inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 04 September 2020

The most recent inspection of Maghera Dental Care was an announced care and variation to registration inspection. No areas for improvement were made during that inspection.

#### 4.3 Review of areas for improvement from the last care inspection dated 04 September 2020

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

#### 5.0 How we inspect

Before the inspection, a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report.

During the inspection we spoke with Mrs Hamilton, the practice manager and a receptionist.

## 6.0 Inspection findings

### 6.1 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of some areas within the practice and the new surgery and noted that the clinical and decontamination areas were clean, tidy and uncluttered.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance.

We reviewed the finish in relation to the new dental surgery. We noted that the flooring in the surgery was impervious and coved where it meets the walls; the surgery was tidy and uncluttered and work surfaces were intact and easy to clean. Cabinetry was compliant with best practice providing seamless surfaces conducive to effective cleaning practices.

We observed that a dedicated hand washing basin was available in the surgery and a laminated/wipe-clean poster promoting hand hygiene was displayed close to the hand wash basin. We noted adequate supplies of liquid soap, disinfectant rub/gel and paper towels were available.

We observed that sharps boxes were safely positioned to prevent unauthorised access; these had been signed and dated on assembly. Mrs Hamilton told us that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

We observed that the clinical waste bin in the new surgery was foot operated in keeping with best practice guidance. We confirmed that appropriate arrangements were in place for the storage and collection of general and clinical waste, including sharps waste.

We confirmed the practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of personal protective equipment; hand hygiene practice; and waste and sharps management.

Mrs Hamilton confirmed that IPS audits were completed in a meaningful manner and the outcome of the audit was discussed during regular staff meetings. Mrs Hamilton informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

#### **Areas of good practice: Infection prevention and control**

We reviewed the current arrangements with respect to infection prevention and control practice and evidenced good practice that was being actively reviewed.

## Areas for improvement: Infection prevention and control

We identified no areas for improvement regarding infection prevention and control.

	Regulations	Standards
Areas for improvement	0	0

### 6.2 Decontamination of reusable dental instruments

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool.

We found that appropriate equipment, including a washer disinfectant and two steam sterilisers had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

### Areas of good practice: Decontamination of reusable dental instruments

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

### Areas for improvement: Decontamination of reusable dental instruments

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	Regulations	Standards
Areas for improvement	0	0

## 6.3 Radiology and radiation safety

### Radiology and radiation safety

We reviewed the arrangements in relation to radiology and radiation safety in the new surgery. We observed that the surgery had an intra-oral x-ray machine. We noted that local rules were on display and these had been signed by appropriate staff.

We reviewed records that identified Mrs Hamilton as the radiation protection supervisor (RPS). Mrs Hamilton was aware of the most recent changes to the legislation surrounding radiology and radiation safety. We confirmed that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

We noted a dedicated radiation protection file containing all relevant information was in place. We confirmed that Mrs Hamilton regularly reviews the information contained within the file to ensure that it is current.

Following installation, x-ray producing equipment is subject to a critical examination and acceptance test in accordance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018. We noted that this was completed during October 2020 and confirmed that the critical examination report had been reviewed and endorsed by the RPA.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA, completed on 27 August 2020, demonstrated that the recommendations made had been addressed.

The new intra-oral x-ray machine is under manufacturer's warranty and Mrs Hamilton confirmed that it will be serviced and maintained in keeping with the manufacturer's instructions.

Review of records and discussion with Mrs Hamilton confirmed that all dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

### Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.4 Environment

The work to the additional surgery was completed and finished to a high standard. A range of estates related documentation was inspected by Phil Cunningham, senior estates inspector, prior to and during the inspection on the 04 September 2020. These included:

- fixed wiring installation certification;
- emergency lighting installation certification;
- fire alarm and detection system certification;
- electrical equipment testing certification;
- surgery ventilation commissioning documentation; and
- Local Authority Building Control completion certificate.

The surgery ventilation commissioning documentation indicated that the newly installed extract systems in the surgeries were capable of achieving air change rates in excess of 15 air changes per hour. This satisfies recent guidance issued by the Health and Social Care Board (HSCB) relating to fallow times for surgeries during the Covid-19 pandemic – ‘Preparation for the Re-establishment of the General Dental Services - Operational Guidance’.

Following the inspection on 04 September 2020, Mrs Hamilton submitted copies of the revised fire risk assessment report and the revised legionella risk assessment by e-mail. Both reports indicated that the risks were tolerable and low respectively.

We were satisfied that the additional surgery was completed to a suitable standard from an estates perspective.

### Areas for improvement: Environment

No areas for improvement were identified during the inspection in relation to the environment.

	Regulations	Standards
Areas for improvement	0	0

## 6.5 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.6 Conclusion

The variation to the registration in regard to the increase in dental chairs from four to five was approved following this inspection.



## 7.0 Quality improvement plan (QIP)

We identified no areas for improvement and a QIP is not required or included, as part of this inspection report.



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