

Inspection Report

6 May 2021



Abbey Street Dental Care

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 32-34 Abbey Street, Bangor, BT20 4JA
Telephone number: 028 9127 0041

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: DJ Maguire and Associates Ltd	Registered Manager: Miss Ruth Lennon
Responsible Individual: Mr Derek Maguire	Date registered: 31 October 2019
Person in charge at the time of inspection: Miss Ruth Lennon	Number of registered places: Three
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Abbey Street Dental Care 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 without sedation. A variation to registration application was submitted to RQIA to increase the number of dental chairs from three to four. D J Maguire and Associates Ltd is the registered provider for 11 dental practices registered with RQIA. Mr Maguire is the responsible individual for D J Maguire and Associates Ltd.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 6 May 2021 from 10.25am to 12.00pm. An RQIA estates support officer also undertook a desktop review of the variation to registration application.

An application to vary the registration of the practice was submitted to RQIA by Mr Derek Maguire, Responsible Individual. The application was to increase the number of registered dental chairs from three to four.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation 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 application has not been approved from an estates perspective. An area for improvement had been made in relation to fire safety.

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 and discussed with the responsible individual, registered manager and an operations director in D J Maguire and Associates Ltd.

Examples of good practice were acknowledged and any areas for improvement have been discussed with the person in charge and detailed in the quality improvement plan (QIP).

5.0 The inspection

5.1 What has this practice done to meet any areas for improvement identified at or since last inspection?

The last inspection to Abbey Street Dental Care was undertaken on 10 November 2020 and no areas for improvement were identified.

5.2 Inspection findings

5.2.1 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 had been updated to reflect any changes detailed in the variation to registration application. Miss Lennon is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.2.2 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. Miss Lennon is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

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

Miss Lennon confirmed that no new staff had commenced work in the practice since the previous inspection.

One of the operations directors in DJ Maguire and Associates Ltd oversees the recruitment and selection of the dental team. They approve all staff appointments and are supported by Miss Lennon. Miss Lennon confirmed that she had a clear understanding of the legislation and best practice guidance.

5.2.4 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 intact and easy to clean. The flooring was impervious and coved where it meets the walls and kicker boards of cabinetry.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. Miss Lennon confirmed 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 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 (DUWLs) 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.

5.2.5 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 was 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.

Miss Lennon confirmed the practice has sufficient dental instruments to meet the needs of the additional dental surgery when operational.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.6 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 additional dental surgery. A review of records confirmed that a critical examination of the new intra-oral x-ray machine had been undertaken and the critical examination and acceptance test report was dated 22 February 2021. Review of the most recent radiation protection advisor (RPA) report dated 11 March 2021 evidenced that there were no recommendations made.

The x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions.

The radiation protection supervisor (RPS) 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 the RPS 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.

5.2.7 How does the dental team ensure that the building is safe and in compliance with relevant legislation and guidance?

A range of documentation relating to the building and engineering services for the practice was submitted to RQIA and assessed as part of a desktop review. These included, Legionella Risk Assessment, Ventilation Risk Assessment, Fixed Wiring certificate and Fire Risk Assessment.

The documentation reviewed evidenced that the building largely complies with the relevant legislation and guidance. However, the Fire Risk Assessment carried out by an accredited Fire Risk Assessor noted a number of areas where remedial work was required to bring the overall risk in the premises to Tolerable. These issues are currently being addressed and are expected to be completed in a number of weeks. The practice has agreed to notify RQIA upon completion. An area for improvement has been identified.

6.0 Conclusion

Based on the inspection findings and discussions held the variation to registration application to increase the number of registered dental chairs from three to four was approved from a care perspective. This variation is awaiting approval from an estates perspective. Mr Maguire will be notified when the variation application has been approved.

A new certificate of registration will be issued to Mr Maguire following the approval of the variation to registration application. Miss Lennon was aware that the RQIA certificate of registration must be displayed in a prominent place.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulation 25 (4) (f) of The Independent Health Care Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Miss Lennon as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#)

<p>Area for improvement 1</p> <p>Ref: Regulation 25 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The responsible individual shall forward confirmation that the recommendations contained within the Fire Risk Assessment have been addressed and the Fire Risk Assessor has confirmed the risk to be "Tolerable".</p> <p>Ref: 5.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We confirm that Fire Safety Solutions, our appointed Fire Risk Assessor, have indicated to us that they will carry out works to fire alarm and emergency lighting systems in the practice on 4th, 5th & 6th July 2021.</p> <p>We have been instructed that all works will be completed by 6th July to amend fire risk level to tolerable in the practice.</p> <p>We confirm that we will write again upon completion of works and forward evidence that risk level is moved to 'Tolerable'.</p>

Please ensure this document is completed in full and returned via Web Portal



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