

# Announced Variation to Registration Care Inspection Report 10 March 2017



## Moira Cosmetic Dental Ltd

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

Address: 81 Main Street, Moira, BT67 0LH

Tel no: 028 9261 1828

Inspector: Philip Colgan

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced care inspection of Moira Cosmetic Dental Ltd took place on 10 March 2017 from 08.55 to 09.50. Kieran Monaghan, estates inspector, undertook a premises inspection of the premises at the same time. The report and findings of the premises inspection will be issued under separate cover.

Moira Cosmetic Dental Ltd was registered with RQIA as an Independent Hospital providing dental treatment with effect from 08 March 2012. An application for a variation of the registration of the practice was submitted to RQIA by Mrs Naomi Bingham, registered manager. The application was to increase the number of registered dental chairs from two to three.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

The variation to registration application was approved from a care perspective following this inspection.

This inspection was underpinned by 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 Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Naomi Bingham, registered manager, and Ms Natasha Donnelly, acting practice manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Derek Bingham	<b>Registered manager:</b> Mrs Naomi Bingham
<b>Person in charge of the practice at the time of inspection:</b> Mrs Naomi Bingham	<b>Date manager registered:</b> 08 March 2012
<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of registered places:</b> 2 increasing to 3 post inspection

## 3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Mrs Naomi Bingham, registered manager
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 15 September 2016

The most recent inspection of the establishment was an announced premises inspection undertaken on 15 September 2016. The completed QIP was returned and approved by the estates inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 06 July 2016

There were no requirements of recommendations made as a result of the last care inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 06 July 2016

As above.

## 4.3 Inspection findings

### 4.3.1 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.

### 4.3.2 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.

### 4.3.3 Infection prevention and control/decontamination

The arrangements in regards to the newly established third dental surgery were reviewed. It was observed that the flooring in the new surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

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

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.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be appropriately managed.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was 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.

Staff confirmed that the practice has sufficient dental instruments to meet the needs of the new surgery once it is operational.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfector, two steam sterilisers and a DAC Universal have been provided to meet the practice requirements. Mrs Bingham confirmed that the decontamination equipment will be sufficient to meet the needs of the four operational surgeries.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

#### 4.3.4 Environment

A tour of the some of the premises was undertaken, including the newly established fourth dental surgery. The premises were maintained to a good standard of maintenance and décor.

#### 4.3.5 Radiology

Observation and discussion with Mrs Bingham confirmed that the new surgery has a new intra oral x-ray machine to be installed. The installation had been delayed due to unplanned structural changes. It was confirmed that the x-ray machine had been installed and a critical examination had been undertaken by the Radiation Protection Adviser (RPA) on 20 March 2017 and that no recommendations have been made in the RPA report. The critical examination certificate was emailed to the inspector on 28 March 2017. Rectangular collimation is available, the local rules are displayed and are signed by the appropriate staff.

#### 4.3.6 Recruitment of staff

A review of the submitted staffing information and discussion with Mrs Bingham confirmed that three new staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained for inspection.

#### 4.3.7 Conclusion

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

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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