



The Regulation and
Quality Improvement
Authority

The Derry Road Denral Practice
RQIA ID: 11630
1st Floor
Derry Road Retail Park
Omagh
BT78 5DR

Inspector: Stephen O'Connor
Inspection ID: IN024096

Tel: 028 82244820

**Variation to Registration Care Inspection
of
The Derry Road Dental Practice**

4 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

The Derry Road Dental Practice was initially registered on 18 August 2012. An application was submitted to RQIA by Mr Andy Relf, Registered Person, on behalf of Oasis Dental Care to vary the current registration of the practice. The variation application was to increase the number of registered dental chairs from two to three.

An announced variation to registration care inspection took place on 4 February 2016 from 12:55 to 13:55.

Raymond Sayers, estates inspector undertook an estates inspection of the premises at the same time. The report and findings of the estates inspection will be issued under separate cover.

One recommendation was made as a result of the variation to registration care inspection. The variation to registration application to increase the number of registered dental chairs from two to three was approved following this inspection.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 11 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Ms Leanne Kerrigan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Oasis Dental Care Mr Andrew Relf	Registered Manager: Ms Leanne Kerrigan
Person in Charge of the Practice at the Time of Inspection: Ms Leanne Kerrigan	Date Manager Registered: 18 December 2013
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2 increasing to 3 following inspection

3. Inspection Focus

The purpose of the variation to registration inspection is to determine compliance with:

- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- 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

The purpose of this inspection was to review the arrangements in the practice in relation to 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 inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- review of the submitted variation to registration application information
- discussion with Ms Leanne Kerrigan, registered manager
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 11 September 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 11 September 2015

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a policy and procedure for recruitment and selection is developed to reflect legislative and best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Ms Kerrigan confirmed that a policy and procedure for recruitment and selection was developed. Review of the recruitment policy demonstrated that it fully reflects legislative and best practice guidance.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that two written references, one of which should be from the current/most recent employer should be obtained prior to new staff commencing employment and retained in staff personnel files as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p>Action taken as confirmed during the inspection: One new staff member has been recruited since the previous inspection. Review of the personnel file for the identified staff member demonstrated that two written references had been received prior to the staff member commencing employment. The personnel file included all documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	Met

5.3 Inspection Findings

5.3.1 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.

5.3.2 Patient Guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

5.3.3 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 surgery was impervious and coved at the edges where it meets the walls and sealed at the edges where it meets the kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and had been signed and dated on assembly. Staff confirmed during discussion 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 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.

Ms Kerrigan 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 with single use masks and gloves being wall mounted in PPE stations.

The clinical waste bins in the surgery are housed in cupboards and these can be accessed using a non-touch technique. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Ms Kerrigan confirmed that the practice has purchased additional dental instruments to meet the demands of the third dental 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 and two vacuum steam sterilisers have been provided to meet the practice requirements.

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. Pre-printed logbooks are available and used in this practice.

5.5.4 Environment

A tour of the premises was undertaken, including the newly established third dental surgery, which were maintained to a high standard of maintenance and décor. As discussed previously an estates inspection was also undertaken during this inspection, and issues identified, by the estates inspector, will be addressed under separate cover.

5.5.5 Radiology

A new intra-oral x-ray machine has been installed in the new third surgery.

A critical examination of the new intra-oral machine had been undertaken by an external agency on behalf of the appointed radiation protection advisor (RPA) on 22 December 2015. Ms Kerrigan confirmed that a copy of the critical examination was forwarded to the appointed RPA.

A copy of the local rules was on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Review of the radiation protection file and discussion with staff evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, audit of x-ray quality and digital x-ray processing.

A radiation protection supervisor (RPS) for the practice has been identified. Review of documentation demonstrated that all x-rays are graded for quality and that audits of x-ray quality are undertaken. The most recent x-ray quality audit was completed during February 2016. Discussion with Ms Kerrigan demonstrated that audits of justification and clinical evaluation recording are not undertaken. A recommendation was made to address this.

Areas for Improvement

Audits of justification and clinical evaluation recording should be undertaken in keeping with best practice guidance.

Number of Requirements:	0	Number of Recommendations:	1
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5.5.6 Recruitment of staff

Review of the staff register demonstrated that since the previous inspection one new member of staff has commenced work in the practice. Ms Kerrigan confirmed that this staff member had not been recruited in relation to this variation application. Ms Kerrigan confirmed that once the new surgery is operational it is anticipated that new clinical staff will be recruited.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. Review of the staff personnel file for the staff member recruited since the previous inspection demonstrated that the file includes all recruitment documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

5.5.7 Conclusion

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

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Leanne Kerrigan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 8.3 Stated: First time To be Completed by: 4 March 2016	It is recommended that audits of justification and clinical evaluation recording are completed at least on an annual basis in keeping with best practice guidance.
	Response by Registered Persons Detailing the Actions Taken: This audit will be introduced and done on a 6 monthly basis by our lead dentist in the practice.

Registered Manager Completing QIP	Leanne Kerrigan	Date Completed	23/2/2016
Registered Person Approving QIP	Andy Relf	Date Approved	23/2/2016
RQIA Inspector Assessing Response	Stephen O'Connor	Date Approved	23/02/2016

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.