

Inspection Report

1 March 2024



O'Doherty Dental Care Limited

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

Address: 143 Longstone Street, Lisburn, BT28 1TY

Telephone number: 028 9266 2518

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

1.0 Service information

Organisation/Registered Provider: O'Doherty Dental Care Limited	Registered Manager: Ms Angela Rice
Responsible Individual: Mr John O'Doherty	Date registered: 30 May 2012
Person in charge at the time of inspection: Ms Angela Rice	Number of registered places: Four increasing to five following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: O'Doherty Dental Care Limited 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 four registered dental chairs and provides general dental services, private and health service treatment (HSC) and does not offer conscious sedation. A variation to registration application was submitted to RQIA to increase the number of chairs from four to five.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 1 March 2024 from 10:00 am to 11.30 am.

The inspection focused solely on 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 chairs from four to five.

There were examples of good practice found in relation to infection prevention and control (IPC); decontamination; radiology and radiation safety and maintenance of the environment.

An RQIA estates support officer reviewed the variation to registration application in regards to matters relating to the premises and they will inform Mr O'Doherty, Responsible Individual, of the outcome in due course.

The variation to registration application to increase the number of chairs from four to five was approved from a care perspective following this inspection.

Ms Rice is aware that the overall variation to registration application can only be approved subject to approval from both a care and estates perspective.

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 O'Doherty Dental Care Limited

During the inspection the newly established dental surgery was inspected.

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 O'Doherty Dental Care Limited was undertaken on 13 October 2023; 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, in the main, covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Rice was given advice to further develop the statement of purpose to reflect the organisational structure of the practice. Ms Rice was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

Ms Rice is 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 which, in the main, covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Rice was given advice to further develop the patient guide to reflect that a summary of the review of the quality of treatment (completed in consultation with patients) would be undertaken on an annual basis. Ms Rice was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

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

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

The recruitment and selection policies and procedures were reviewed at the previous inspection and therefore were not reviewed during this inspection.

Ms Rice confirmed that no new staff had been recruited to work in O'Doherty Dental Care Limited in respect of the variation to registration application and also confirmed that there were no plans for recruitment in the future, therefore, no recruitment records were reviewed as part of this inspection.

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 newly established dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The newly established dental surgery was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. It was identified that some of the floor coving was in need of some minor repair. This was discussed with Ms Rice and following the inspection, RQIA received confirmation that this matter had been addressed. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste. It was identified that sharps boxes were not available in the newly established dental surgery. This was discussed with Ms Rice and following the inspection, RQIA received confirmation that sharps boxes were available and had been safely positioned to prevent unauthorised access. Advice was given, during the inspection, to ensure that the sharps bins were signed and dated on assembly. Ms Rice was receptive to this advice.

Dedicated hand washing basins were in place with hand hygiene signage displayed. It was noted that liquid hand soap, alcohol hand sanitiser and wall mounted disposable hand towel dispensers were provided in keeping with best practice guidance.

Ms Rice was given advice to ensure that hand cream was available in the newly established surgery. Following the inspection, RQIA received confirmation that this matter had been addressed.

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.

Ms Rice confirmed that the newly installed dental chair had a bottle fed water system and that the dental unit water lines (DUWLs) would be appropriately managed in keeping with manufacturer's instructions.

As a result of the actions taken, following the inspection, 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?

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 it was confirmed that the equipment was sufficient to meet the requirements of the practice and the newly established dental surgery.

Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. We were informed, during the inspection, that one of the sterilisers was not in use at present. Advice was given to ensure that all tests required to check the efficiency of the steriliser in question, were completed and satisfactory, prior to being reintroduced into the decontamination process. Review of equipment logbooks of the decontamination machines in use demonstrated that all required tests to check the efficiency of the machines had been undertaken.

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 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.

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 the radiation protection file confirmed that the practice had registered with the HSENI.

A new intra-oral x-ray machine had been installed in the newly established dental surgery. A review of records confirmed that a critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) during October 2022. Following the inspection, RQIA received confirmation that all recommendations as outlined in the critical examination test report, has been actioned.

The appointed 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 identified that the RPS was required to update the entitlement records of the dental team, to undertake specific roles and responsibilities associated with radiology and ensure that these staff have completed appropriate training. This was discussed with Ms Rice and following the inspection, RQIA received confirmation that this matter had been addressed.

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 newly installed x-ray machine. It was identified that not all staff had signed to confirm that they had read and understood these. This was discussed with Ms Rice and following the inspection, RQIA received confirmation that this matter had been addressed. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

It was confirmed that 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 confirmed that all measures would be taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

As a result of the actions taken, it is determined that the radiology and radiation safety arrangements evidence that robust procedures are in place to ensure that appropriate x-rays are taken safely.

4.2.7 Are arrangements in place to maintain the environment?

The environment was maintained to a good standard of maintenance and decor. It was confirmed during the previous inspection that detailed cleaning schedules were in place for all areas of the practice and that a colour coded cleaning system was in place to minimise the risk of cross-contamination.

Suitable arrangements were in place for maintaining the environment.

As discussed in Section 2.0 of this report an RQIA estates support officer, undertook a desktop review of the premises section of the registration application and will inform Mr O'Doherty, Responsible Individual, of the outcome in due course.

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 Ms Rice, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)