

Inspection Report

30 August 2023



Richhill Dental Care

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

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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: Ms Sarah-Jane Phillips	Registered Manager: Ms Sarah-Jane Phillips Date registered: 24 November 2022
Person in charge at the time of inspection: Ms Sarah-Jane Phillips	Number of registered places: Three increasing to four following this inspection
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Richhill 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 and does not offer conscious sedation. Ms Sarah-Jane Phillips is the registered provider for one other dental practice registered with RQIA. Ms Sarah-Jane Phillips is the responsible person for both dental practices.	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 30 August 2023 from 10.00 am to 11.00 am.

Prior to the inspection a variation to registration application was submitted to RQIA to increase the number of dental chairs from three to four.

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 dental chairs from three to four.

No areas for improvement were identified.

An RQIA estates inspector reviewed the variation to registration application in regards to matters relating to the premises and has approved the variation application from an estates perspective.

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.

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. This included the following records:

- The variation to registration application
- The proposed statement of purpose
- The proposed patient guide
- The floor plans of Richhill Dental Care

During the inspection the newly established fourth dental surgery was inspected and discussed with Ms Phillips.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP). There were examples of good practice found in relation to infection prevention and control (IPC) and decontamination, maintenance of the environment, radiology and staff recruitment.

4.0 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Richhill Dental Care was undertaken on 7 November 2022; 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 review of the statement of purpose identified that it fully reflected the key areas and themes specified 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. Ms Phillips is aware that the statement of purpose 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 review of the patient guide identified that it fully reflected 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. Ms Phillips is aware that the patient guide should be reviewed and updated as and when necessary.

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

Dental practices are required to maintain a staff register. A review of this register and discussion with Ms Phillips evidenced that three new staff had been recruited since the last inspection. A review of one personnel file evidenced that all relevant recruitment records had been sought; reviewed and stored as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Ms Phillips oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Ms Phillips confirmed that she had a clear understanding of the legislation and best practice guidance.

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

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 surgery was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste. Sharps boxes were safety positioned to prevent unauthorised access and had been signed and dated on assembly.

A dedicate hand washing basin was in place with hand hygiene signage displayed. It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance. Advice and guidance was provided to wall mount the liquid hand soap dispenser and to ensure a wipeable cover was provided for the computer keyboard in the surgery. Ms Phillips gave assurances that these matters would be addressed following the inspection.

The arrangement 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 Phillips confirmed that the newly installed dental chair had an independent bottled-water system and that the dental unit water lines (DWULs) are appropriately managed in keeping with manufacturer's instructions.

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 the equipment was sufficient to meet the requirements of the practice.

Ms Philips confirmed that new instruments had been acquired and are sufficient to meet the requirements of the additional surgery.

Ms Phillips confirmed and the records showed that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance.

Discussion with Ms Phillips and a review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

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 regarding 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.

Ms Phillips confirmed that the equipment inventory was required to be updated to reflect the newly installed intra-oral x-ray machine. Ms Phillips gave up assurances this matter would be addressed following the inspection.

The arrangements regarding radiology and radiation safety were reviewed during the most recent RQIA inspection undertaken on 7 November 2022. The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation. A critical examination and acceptance test report for the new intra-oral x-ray was undertaken on 25 August 2023 and Ms Phillips confirmed that any recommendations made had been actioned.

Advice and guidance was provided to Ms Phillips to sign and date the report to confirm that the recommendations had been actioned, and Ms Phillips addressed this matter during the inspection.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. Ms Phillips demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

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 evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

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 Phillips, Responsible Person, as part of the inspection process and can be found in the main body of the report.



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