

Inspection Report

10 November 2021



Sandown Dental Ltd T/A Sandown Dental & Implant Clinic

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 33-35 Sandown Road, BT5 6GT
Telephone number: 028 9047 1070

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

1.0 Service information

<p>Organisation/Registered Provider: Sandown Dental Ltd T/A Sandown Dental & Implant Clinic</p> <p>Responsible Individual: Mr Patrick Rea</p>	<p>Registered Manager: Mr Patrick Rea</p> <p>Date registered: 16 November 2011</p>
<p>Person in charge at the time of inspection: The business manager</p>	<p>Number of registered places: Four increasing to five following the inspection</p>
<p>Categories of care: Independent Hospital (IH) – Dental Treatment</p>	
<p>Brief description of how the service operates: Sandown Dental Ltd T/A Sandown Dental & Implant Clinic 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 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 four to five.</p>	

2.0 Inspection summary

This was a variation to registration inspection, undertaken by a care inspector on 10 November 2021 from 9.30 am to 10.20 am. An RQIA estates support officer also undertook a desktop review of the variation to registration application.

An application for a variation of the registration of the practice was submitted to RQIA by Mr Patrick Rae, Responsible Individual. The application was to increase the number of registered dental chairs from four to five.

The inspection sought to review the readiness of the practice for the provision of dental care and treatment associated with the application of variation for one additional dental chair.

The variation to registration application to increase the number of registered dental chairs from four to five was approved from a care and estates 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. During the inspection the additional dental surgery was inspected and discussed with the business manager.

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).

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 Sandown Dental Ltd T/A Sandown Dental & Implant Clinic was undertaken on 23 September 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. The business manager 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. The business manager 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?

The practice manager confirmed that no new staff had commenced work in the practice since the previous inspection.

The responsible individual and the business manager oversee the recruitment and selection of the dental team and approve all staff appointments. The business manager 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 new dental surgery was tidy, uncluttered and work surfaces were intact and easy to clean. The design and layout of the new surgery complied with best practice guidance and was fully equipped to meet the needs of patients.

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.

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 with the exception of the washer disinfectant that had been intermittently breaking down. The business manager advised that on occasions when the washer disinfectant was not operational staff were manually cleaning all instruments in line with best practice. The business manager advised that a new washer disinfectant had been ordered and following the inspection RQIA received confirmation that the new washer disinfectant had been supplied. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

The business manager and staff 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 critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken. The radiation protection advisor (RPA) report was dated 9 November 2021 and evidenced that there were no recommendations made.

The business manager confirmed that the new 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.

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 four to five was approved from a care and estates perspective following this inspection.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the business manager as part of the inspection process and can be found in the main body of the report.



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Quality Improvement
Authority

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