

# Announced Variation to Registration Care Inspection Report

**26 August 2016**



## **Sandown Dental Ltd T/A Sandown Dental & Implant Clinic**

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

**Address: 33-35 Sandown Road, Belfast, BT5 6GT**

**Tel No: 028 9047 1070**

**Inspector: Carmel McKeegan**

## 1.0 Summary

An announced variation to registration inspection of Sandown Dental Ltd t/a Sandown Dental & Implant Clinic took place on 26 August 2016 from 14:00 to 15:00. Mr Kieran Monaghan, Estates Inspector, undertook an estates inspection at the same time. The report and findings of the estates inspection will be issued under separate cover.

The practice was initially registered on 16 November 2011. An application for a minor variation of the registration of the practice was submitted to RQIA by Mr Patrick Rea, Registered Person. The application was to change the structural layout of a ground floor store room to provide a dedicated room for the installation of a cone beam computed tomography (CBCT) machine.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to review the structural alterations made to the practice in relation to the minor variation of the registration application.

The variation to registration application was approved 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 the 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               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with the acting practice manager as part of the inspection process. No requirements or recommendations were made as a result of this inspection.

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

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

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

## 2.0 Service details

|  |   |
|--|---|
| <b>Registered organisation/registered provider:</b><br>Sandown Dental Care T/A Sandown Dental & Implant Clinic | <b>Registered manager:</b><br>Mr Patrick Rea        |
| <b>Person in charge of the establishment at the time of inspection:</b><br>Mr Patrick Rea                      | <b>Date manager registered:</b><br>12 February 2015 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                                     | <b>Number of registered places:</b><br>4            |

## 3.0 Methods/processes

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

- review of the submitted variation to registration application
- discussion with Mr Patrick Rea, registered person
- discussion with the acting practice manager and a dental nurse
- assessment of the environment
- review of documentation required by legislation and good practice and
- evaluation and feedback

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 17 June 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 17 June 2016

| Last care inspection recommendations  |  | Validation of compliance |
|---|--|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 13<br><b>Stated:</b> First time | The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL ) (13) 13. Compatible handpieces should be processed in the washer disinfector.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with staff confirmed that a system has been introduced to ensure that all handpieces compatible with the washer disinfector are processed by this method. A small number of handpieces are not compatible and are decontaminated in keeping with the respective manufacturer's instructions. A spreadsheet detailing the correct processing method for each handpiece has been developed and provided for staff to ensure handpieces are processed in accordance with best practice. |                          |

### 4.1.1 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.

### 4.1.2 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.

### 4.1.3 Recruitment of staff

No additional staff were required in respect of the new CBCT room and no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

#### 4.1.4 Environment

The environment was maintained to a good standard of maintenance and décor. As previously stated a dedicated CBCT room has recently been provided which will be of benefit to patients.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Kieran Monaghan, Estates Inspector, reviewed the environmental aspects of the practice and the associated risk assessments as part of his inspection. The estates inspection report will be issued under separate cover.

#### 4.1.5 Radiology

The practice has four surgeries, each of which has an intra-oral x-ray machine. As previously stated a dedicated room has recently been provided to house a new CBCT machine. This new room is located on the ground floor and was observed to have been completed to a good standard.

A dedicated radiation protection file was in place relating to the four intra-oral x-ray machines provided, this file had been reviewed during the previous care inspection on 25 June 2016 and was found to be in keeping with best practice guidance.

A new dedicated CBCT radiation protection folder was in place, containing the relevant local rules, employer's procedures and written protocols for CBCT dental radiography. The file had been signed by all staff, to confirm they had read the contents.

Staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties.

A certificate confirmed that the CBCT passed the critical examination and acceptance testing undertaken on 26 July 2016 by the appointed radiation protection advisor (RPA) and any recommendations made have been addressed. The local rules were on display and were signed by staff to confirm they have read and understood these.

A record of staff training in relation to radiology was provided and a dental nurse is delegated responsibility for overseeing that both radiology folders are kept up to date. Discussion with the delegated dental nurse confirmed that quality assurance systems and processes were in place to ensure that matters relating to radiology reflect legislative and best practice guidance

#### 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> |
|--------------------------------|----------|-----------------------------------|----------|

## 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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