

Announced Variation to Registration Care Inspection Report 21 April 2017



Claire Hughes Dental

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

Address: Unit 8 & 9, Spencer House, 14 - 22 Spencer Road,

Londonderry, BT47 6QA

Tel no: 028 7131 1333

Inspector: Stephen O'Connor

www.rqia.org.uk

1.0 Summary

An announced inspection of Claire Hughes Dental took place on 21 April 2017 from 09:50 to 10:50.

The practice was initially registered on 19 September 2013. An application to vary the registration of the practice was submitted to RQIA by Mrs Claire Hughes, registered person. The application was to increase the number of registered dental chairs from two to three. The practice was initially located in unit eight of Spencer House. The practice has expanded to include unit nine. The third dental surgery is located in unit nine; unit nine also houses a new reception desk and waiting area, staff and storage facilities.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to review 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 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).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Claire Hughes, registered person, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs Claire Hughes	Registered manager: Mrs Claire Hughes
Person in charge of the practice at the time of inspection: Mrs Claire Hughes	Date manager registered: 19 September 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2 increasing to 3 following inspection

3.0 Methods/processes

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

- review of the submitted variation to registration application
- discussion with Mrs Claire Hughes, registered person
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 March 2017

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 07 March 2017

As above.

4.3 Inspection findings

4.3.1 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.

4.3.2 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.

4.3.3 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 where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

A dedicated hand washing basin is available in the dental surgery. It was observed that a laminated poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel were observed.

The arrangements for the management of sharps waste was discussed with Mrs Hughes. It was observed that sharps containers are either wall mounted or safely positioned to prevent unauthorised access. It was confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

Mrs Hughes confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery three was housed in a cupboard; it 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.

Mrs Hughes confirmed that the practice has purchased additional handpieces and instruments to meet the demands of the third dental surgery.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements. Mrs Hughes confirmed that the decontamination equipment is sufficient to meet the demands of the practice.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during February 2017.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05.

4.3.4 Environment

The practice is located in the ground floor of Spencer House. Disabled access is available via a side entrance to the building.

A tour of the premises was undertaken, including the newly established third dental surgery. The premises were maintained to a high standard of maintenance and décor.

Review of documentation and discussion with Mrs Hughes confirmed that the fire and legionella risk assessments have been updated to include the newly established third dental surgery and waiting area.

Review of documentation evidenced that staff have recently completed fire safety awareness training and routine checks are undertaken in respect of the emergency lighting and break glass boxes. The fire detection system in place covers all of Spencer House. It was confirmed that the landlord services and maintains the fire detection system.

Review of records confirmed that legionella control measures are in place and records are retained.

It was confirmed that the electrical works completed in unit nine have been inspected. The electrical installation condition report was reviewed.

A letter penned by the architect confirmed that works completed in unit 9 were allowed under permitted development.

4.3.5 Radiology

An intra-oral x-ray machine has been installed in the new surgery. Mrs Hughes confirmed that as this machine is new it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination and acceptance test of the new intra-oral x-ray machine had been undertaken by the radiation protection advisor (RPA) on 01 September 2016. Mrs Hughes confirmed that all recommendations made have been addressed.

A copy of the local rules is on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these.

Review of the radiation protection file and discussion with Mrs Hughes evidenced that all measures are taken to optimise dose exposure. This includes audits of x-ray quality and direct digital x-ray processing.

Mrs Hughes is the radiation protection supervisor (RPS) for the practice. Review of documentation demonstrated that all x-rays are graded for quality and audits of x-ray quality and justification and clinical evaluation recording are completed in keeping with legislative and best practice guidance.

4.3.6 Recruitment of staff

Mrs Hughes confirmed that the third dental surgery has been in operation since 2 September 2016. Mrs Hughes also confirmed that the practice is a training practice approved by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one (DF1) trainee is undergoing a current placement in the practice and is working in the newly established third dental surgery.

A dental nurse has been recruited to work in the third surgery. The recruitment of this dental nurse was reviewed during the announced inspection undertaken on 7 March 2017. It was established during this inspection that all recruitment documentation had been sought and

retained as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

It was confirmed that no new staff have commenced work in the practice since the announced inspection on 7 March 2017. A dental hygienist has recently been recruited and is due to commence work in the near future. Mrs Hughes confirmed that all recruitment documentation will be sought and retained for the dental hygienist.

4.3.7 Conclusion

The variation to the registration in regards to the increase in dental chairs from two to three was approved following this inspection. A new certificate of registration will be issued by RQIA reflecting the increase in registered dental chairs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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