

# Announced Variation to Registration Care Inspection Report 15 October 2018



## Castlereagh Street Dental Centre

**Type of Service: Independent Hospital (IH) - Dental Treatment**  
**Address: 94 Castlereagh Street, Belfast BT5 4NJ**  
**Tel No: 028 90451989**  
**Inspector: Philip Colgan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered dental practice with two registered places providing general dental care and treatment. An application to vary the registration of the practice to increase the number of dental chairs from two to three has been submitted to RQIA. Additional information in this regard can be found in Section 5.0 of this report.

### 3.0 Service details

<b>Registered Provider:</b> Dental World 1 Limited Ltd  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Ms Jill Shiells
<b>Person in charge at the time of inspection:</b> Ms Jill Shiells	<b>Date manager registered:</b> 20 June 2018
<b>Categories of care:</b> Independent Hospital (IH) - Dental treatment	<b>Number of registered places:</b> 2 increasing to 3

Dental World 1 Limited is the registered provider for 11 dental practices registered with RQIA. Mrs Monica Shah is the responsible person for Dental World 1 Limited.

### 4.0 Action/enforcement taken following the most recent care inspection dated 6 August 2018

The most recent inspection of the Castlereagh St Dental Practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.1 Review of areas for improvement from the most recent inspection dated 6 August 2018

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that Glucagon is stored in keeping with manufacturer's instruction. If stored in a fridge, fridge temperatures should be monitored and recorded on a daily basis to ensure the cold chain has been maintained. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date checklist.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> Discussion with the registered manager and review of emergency drugs evidenced that Glucagon is stored at room temperature and a revised expiry date is recorded on the medication packaging and expiry date	

	checklist, this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure that portable suction is available for use in the event of a medical emergency as outlined in the Resuscitation Council (UK) guidelines for dental practices.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> The inspector confirmed that portable suction has been provided.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time	The registered person shall ensure that the steam steriliser in use has been inspected in keeping with the pressure vessel written scheme of examination. The inspection report should be retained.	<b>Met</b>
	<b>Response by registered person detailing the actions taken:</b> Discussion and review of documentation evidenced that this area for improvement has been met.	

## 5.0 Inspection

An announced variation to registration inspection took place on 15 October 2018 from 08.30 to 09.05.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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, the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011) and the Minimum Care Standards for Healthcare Establishments (July 2014).

This practice was initially registered with two registered places on 11 October 2016. On 4 October 2018 a variation to registration application was submitted to RQIA. The application was to increase the number of registered dental chairs from two to three.

This inspection sought to review 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 two to three.

During the inspection the inspector met with took the lead in facilitating the inspection. A tour of some of the premises was also undertaken.

There were examples of good practice found in relation to infection prevention and control and decontamination, maintenance of the environment and staff recruitment.

No areas requiring improvement were identified during this inspection.

The variation to registration to increase the number of registered dental chairs from two to three was approved from a care perspective following this inspection.

The findings of the inspection were provided to Ms Shiells at the conclusion of the inspection.

## 5.1 Inspection findings

### 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. The document had been updated to reflect the proposed additional dental chair and new staff recruited.

### 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. The document had been updated to reflect the proposed additional dental chair and new staff recruited.

### Recruitment of staff

Discussion with staff and review of the submitted variation to registration application confirmed that due to the development of the third dental surgery, two new staff members have been recruited since the previous inspection.

All the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained for the members of staff.

### Environment

The new third surgery is on the ground floor of the dental practice. Review of the third dental surgery evidenced that works have been completed to a high standard of maintenance and décor. New fixtures included new cabinetry, dental chair and x-ray equipment.

The fire and legionella risk assessments had been reviewed and updated in respect of the third surgery. It was also confirmed that a fire drill had been carried out to include the third dental surgery.

### Infection prevention and control/decontamination

The arrangements in regards to the newly established third dental surgery were reviewed. The flooring in the new surgery was impervious and coved where it meets the walls and kicker

boards of cabinetry. 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 and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

Staff confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be managed in keeping with the manufacturer's instructions.

It was confirmed that there are sufficient dental instruments to meet the demands of the third dental surgery and that additional instruments will be provided should this need be identified in the future.

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, has been provided to meet the practice requirements.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in Primary Care Dental Practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

A range of policies and procedures was in place in relation to decontamination and infection prevention and control.

#### **4.3.6 Radiology**

A new intra-oral x-ray machine has been installed in the new surgery.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained; the file had been signed by all staff, including new staff, to confirm they had read the contents.

A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits, in respect of the intra-oral x-ray machines. The local rules were on display and were signed by staff to confirm they have read and understood these.

A critical examination of the new x-ray unit was undertaken by the appointed radiation protection advisor (RPA) on 3 October 2018 and no recommendations had been made by the RPA.

The local rules were on display and were signed by staff to confirm they have read and understood these.

#### 4.3.7 Conclusion

The variation to the registration to the increase in dental chairs from two to three was approved, by the care inspector, following this inspection.

#### 4.3.7 Areas for improvement

##### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included as part of this inspection report.



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