

Announced Variation to Registration Care Inspection Report 8 September 2017



Oasis Dental Care, Glengormley

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Unit 1 – 3, 350 Antrim Road, Glengormley BT36 5EQ
Tel No: 028 9083 3100
Inspector: Philip Colgan

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 four registered places providing general dental services.

3.0 Service details

Organisation/Registered Provider: Oasis Dental Care Responsible Individual(s): Mr Andy Relf	Registered Manager: Mrs Lynda Bailey
Person in charge at the time of inspection: Mrs Lynda Bailey	Date manager registered: 27 October 2015
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of registered places: 4 increasing to 5 following this inspection

4.0 Inspection summary

An announced variation to registration inspection of Oasis Dental Care Glengormley took place on 8 September 2017 from 11.00 to 12.00.

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; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

An application for variation of the registration of the practice was submitted to RQIA by Mrs Lynda Bailey, registered manager. The application was to increase the number of registered dental chairs from four to five.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection, and to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to increase the number of dental chairs from four to five.

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

No areas requiring improvement were identified during this inspection.

The variation to registration to was approved from a care perspective following this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

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.

4.1 Inspection outcome

	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 Mrs Lynda Bailey, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 16 August 2017

No further actions were required to be taken following the most recent inspection on 16 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report
- evaluation and feedback

The following records were examined during the inspection:

- statement of purpose
- patient guide
- infection prevention control and decontamination
- radiology
- review of the newly established fifth surgery
- recruitment and selection

During the inspection the inspector met with Mrs Lynda Bailey, registered manager. A tour of the premises was also undertaken.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 August 2017

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 August 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 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.

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.

Infection prevention and control/decontamination

The arrangements in relation to the newly established dental surgery were reviewed. 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 was available in the new surgery. A laminated/wipe-clean poster promoting hand hygiene was on display. Adequate supplies of liquid soap, disinfectant rub/gel and paper towels were observed. Personal protective equipment (PPE) was readily available.

Sharps boxes were safely positioned to prevent unauthorised access and had been signed and dated on assembly. 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.

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

The clinical waste bin in the surgery was 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.

It was confirmed that the practice has sufficient dental instruments to meet the demands of the new surgery.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors and two steam sterilisers 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. The most recent IPS audit was completed during July 2017.

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

Environment

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

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

Arrangements are in place for maintaining the environment. Documents reviewed included servicing of fire detection systems, fire-fighting equipment, fixed electrical wiring installation, and legionella risk assessment.

A legionella risk assessment has been undertaken and reviewed annually and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Radiology

An intra-oral x-ray machine has been installed in the new surgery. It was 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 6 September 2017. A copy of the critical examination and acceptance test report was emailed to RQIA on 27 October 2017. Review of the report demonstrated that the recommendations made have been addressed.

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

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

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.

Recruitment of staff

Mrs Bailey confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The variation to registration to increase the number of surgeries from four to five was approved from a care perspective following this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews