



The Regulation and  
Quality Improvement  
Authority

Orchard Family Dental  
RQIA ID: 11540  
62 Catherine Street  
Limavady  
BT49 9DB

Inspector: Stephen O'Connor  
Inspection ID: IN024129

Tel: 028 7772 2464

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**Variation to Registration Care Inspection  
of  
Orchard Family Dental**

**4 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

Orchard Family Dental was initially registered on 14 June 2013. An application was submitted to RQIA by Miss Stephanie Desmond, Registered Person, to vary the current registration of the practice. The variation application was to increase the number of registered dental chairs from four to five.

An announced variation to registration care inspection took place on 4 March 2016 from 09:50 to 10:40. Satisfactory arrangements have been established, in relation to increasing the number of registered dental chairs from four to five and registration of the fifth dental chair was approved following this inspection.

One requirement and two recommendations were made during the announced care inspection on 18 January 2016 which related to staff recruitment. As no new staff have commenced work in the practice since the previous care inspection these were not reviewed during this inspection. The requirement and recommendations have been carried forward for review during the next care inspection.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 January 2016.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Miss Stephanie Desmond	<b>Registered Manager:</b> Miss Stephanie Desmond
<b>Person in Charge of the Practice at the Time of Inspection:</b> Miss Stephanie Desmond	<b>Date Manager Registered:</b> 14 June 2013
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 4 increasing to 5 following inspection

## 3. Inspection Focus

The purpose of the variation to registration inspection is to determine compliance with:

- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- 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 purpose of this inspection was to review the arrangements in the practice in relation to 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 inspection also sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- review of the submitted variation to registration application information
- discussion with Miss Stephanie Desmond, registered person
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection Dated 18 January 2016

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) (d) Schedule 2  <b>Stated:</b> First time	The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed: <ul style="list-style-type: none"> <li>• an enhanced AccessNI check must be undertaken for the identified staff member; and</li> <li>• enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.</li> </ul>	<b>Not reviewed</b>
	<b>Action taken as confirmed during the inspection:</b> Miss Desmond confirmed that no new staff have commenced work in the practice since the previous care inspection. Therefore, this requirement was not reviewed during this inspection and it is carried forward for review during the next care inspection.	
Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	It is recommended that two written references, one of which should be from the persons current or most recent employer are retained in staff personnel files for any staff recruited in the future.	<b>Not reviewed</b>
	<b>Action taken as confirmed during the inspection:</b> Miss Desmond confirmed that no new staff have commenced work in the practice since the previous care inspection. Therefore, this recommendation was not reviewed during this inspection and it is carried forward for review during the next care inspection.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 11.1	It is recommended that enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice.	<b>Not reviewed</b>
<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Miss Desmond confirmed that no new staff have commenced work in the practice since the previous care inspection. Therefore, this recommendation was not reviewed during this inspection and it is carried forward for review during the next care inspection.	

### 5.3 Inspection Findings

#### 5.3.1 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.

#### 5.3.2 Patient Guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.

#### 5.3.3 Infection Prevention and Control/Decontamination

The arrangements in regards to the newly established fifth dental surgery were reviewed. It was observed that the flooring in the surgery was impervious and coved at the edges where it meets the walls. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were safely positioned to prevent unauthorised access and they had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

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 was pedal operated and appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste in keeping with HTM 07-01.

Miss Desmond confirmed that the practice has sufficient instruments to meet demands and that if additional instruments are required they will be purchased.

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

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements.

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

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Pre-printed logbooks are available and used in this practice. All equipment used to decontaminate reusable dental instruments was data logged. Arrangements are in place to upload the information on the data loggers to the practice computer system on a regular basis.

#### **5.5.4 Environment**

A tour of the premises was undertaken, including the newly established fifth dental surgery, which were maintained to a high standard of maintenance and décor. Miss Desmond confirmed that the fire risk assessment has been updated to reflect the newly established fifth dental surgery. A legionella risk assessment was completed by an external organisation. This risk assessment included the fifth dental surgery.

#### **5.5.5 Radiology**

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

A critical examination of the new intra-oral machine had been undertaken by the appointed radiation protection advisor (RPA) on 25 February 2016. Review of the RPA report demonstrated that recommendations made have been addressed.

A copy of the local rules was on display in the new surgery and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Review of the radiation protection file and discussion with Miss Desmond evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, audit of x-ray quality and digital x-ray processing.

A radiation protection supervisor (RPS) for the practice has been identified. Review of documentation demonstrated that all x-rays are graded for quality and that audits of x-ray quality are undertaken. The most recent x-ray quality audit was completed during January 2016 and the most recent justification and clinical evaluation recording audit was completed during October 2015.

### **5.5.6 Recruitment of staff**

Review of the staff register demonstrated that since the previous inspection no new staff have commenced work in the practice. Miss Desmond confirmed that if all five dental surgeries were to be operational at the same time it is likely that new clinical staff will be recruited.

As discussed previously one requirement and two recommendations were made during the inspection on 18 February 2016 in relation to recruitment procedures. These have been carried forward for review during the next care inspection.

### **5.5.7 Conclusion**

The variation to the registration in regards to the increase in dental chairs from four to five was approved by the care inspector following this inspection.

## **6. Quality Improvement Plan From The Last Care Inspection Dated 18 January 2016 Carried Forward For Review During The Next Care Inspection**

The requirement and recommendations made during the previous care inspection on 18 January 2016 were not reviewed during this inspection and have been carried forward for review at the next care inspection. The following table details the requirement and recommendations made on 18 January 2016.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) (d) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 February 2016</p>	<p>The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> <li>• an enhanced AccessNI check must be undertaken for the identified staff member; and</li> <li>• enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.</li> </ul>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Enhanced AccessNi check has been undertaken for the identified staff member.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 18 January 2016</p>	<p>It is recommended that two written references, one of which should be from the persons current or most recent employer are retained in staff personnel files for any staff recruited in the future.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> two written references will be retained for any future staff recruited.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 18 January 2016</p>	<p>It is recommended that enhanced AccessNI checks are handled in keeping with the AccessNI Code of Practice.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Enhanced AccessNi Checks are now handled in keeping with the AccessNI Code of Practice</p>

**I agree with the content of the report.**

<b>Registered Manager</b>	stephanie Desmond	<b>Date Completed</b>	30/3/16
<b>Registered Person</b>	Stephanie Desmond	<b>Date Approved</b>	30/3/16
<b>RQIA Inspector Assessing Response</b>	Stephen O'Connor	<b>Date Approved</b>	31/03/16

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