



The Regulation and  
Quality Improvement  
Authority

The Strabane Denral Practice  
RQIA ID: 11631  
18a John Wesley Street  
Strabane  
BT82 8RJ

Inspector: Stephen O'Connor  
Inspection ID: IN024095

Tel: 028 7188 0318

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**Variation to Registration Care Inspection  
of  
The Strabane Dental Practice**

**04 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

The Strabane Dental Practice was initially registered on 18 June 2012. An application was submitted to RQIA by Mr Andy Relf, Registered Person, on behalf of Oasis Dental Care to vary the current registration of the practice. The variation application was to increase the number of registered dental chairs from two to three.

An announced variation to registration care inspection took place on 4 February 2016 from 09:50 to 11:45.

Raymond Sayers, estates inspector undertook an estates inspection of the premises at the same time. The report and findings of the estates inspection will be issued under separate cover.

One recommendation was made as a result of the variation to registration care inspection. The variation to registration application to increase the number of registered dental chairs from two to three was approved following this 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 2 June 2015.

### 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            | 1               |

The details of the QIP within this report were discussed with Mrs Heather Rutledge, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Oasis Dental Care<br>Mr Andrew Relf   | <b>Registered Manager:</b><br>Mrs Heather Rutledge                                   |
| <b>Person in Charge of the Practice at the Time of Inspection:</b><br>Mrs Heather Rutledge | <b>Date Manager Registered:</b><br>26 May 2015                                       |
| <b>Categories of Care:</b><br>Independent Hospital (IH) – Dental Treatment                 | <b>Number of Registered Dental Chairs:</b><br>2 increasing to 3 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 Mrs Heather Rutledge, registered manager
- 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

The previous inspection of the practice was an announced care inspection dated 2 June 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 2 June 2015

| Last Inspection Recommendations                                     |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Recommendation 1</b><br>Ref: Standard 11.1<br>Stated: First time | It is recommended that the recruitment policy is further developed to include the procedure to be followed for undertaking enhanced AccessNI disclosure checks for newly recruited staff.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of the recruitment policy demonstrated that it includes the procedure to be followed for undertaking enhanced AccessNI disclosure checks for newly recruited staff.  |                          |
| <b>Recommendation 2</b><br>Ref: Standard 11.1<br>Stated: First time | It is recommended that for all newly recruited staff, including self-employed staff, that staff personnel files should include the following information: <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph</li> <li>• evidence that an enhanced AccessNI check was received prior to employment</li> <li>• two written references</li> <li>• details of full employment history, including an explanation of any gaps in employment</li> <li>• documentary evidence of qualifications, where applicable</li> <li>• evidence of current GDC registration, where applicable</li> <li>• criminal conviction declaration on application</li> <li>• confirmation of physical and mental health</li> <li>• evidence of professional indemnity insurance, where applicable</li> </ul> | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>One new staff member has been recruited since the previous inspection. Review of the personnel file for the identified staff member demonstrated that all records with the exception of two written references and a criminal conviction declaration by the applicant were included. On the afternoon of the inspection the two written references and a criminal conviction declaration were submitted to RQIA.  |                          |

## **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 third 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 and sealed at the edges where it meets the kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and 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.

Ms Rutledge confirmed that the newly installed dental chair has an independent bottled-water system and that the dental unit water lines (DUWLs) will be appropriately managed.

Personal protective equipment (PPE) was readily available with single use masks and gloves being wall mounted in PPE stations.

The clinical waste bins in the surgery are housed in cupboards and these 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 Rutledge confirmed that the practice has purchased additional dental instruments to meet the demands of the third dental surgery once it is operational.

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

Appropriate equipment, including a washer disinfector and two vacuum 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. During discussion a dental nurse confirmed that the washer disinfectant data logger was not working. This was discussed with Mrs Rutledge who confirmed that the data logger would be repaired as a matter of urgency. On the afternoon of the inspection confirmation was submitted to RQIA that the washer disinfectant data logger was working.

#### 5.5.4 Environment

A tour of the premises was undertaken, including the newly established third dental surgery, which were maintained to a high standard of maintenance and décor. As discussed previously an estates inspection was also undertaken during this inspection, and issues identified, by the estates inspector, will be addressed under separate cover.

#### 5.5.5 Radiology

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

A critical examination of the new intra-oral machine had been undertaken by an external agency on behalf of the appointed radiation protection advisor (RPA) on 21 December 2015. Mrs Rutledge confirmed that a copy of the critical examination was forwarded to the appointed RPA.

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 staff 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. Discussion with the RPS demonstrated that audits of justification and clinical evaluation recording are not undertaken. A recommendation was made to address this.

#### Areas for Improvement

Audits of justification and clinical evaluation recording should be undertaken in keeping with best practice guidance.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

#### 5.5.6 Recruitment of staff

Review of the staff register demonstrated that since the previous inspection one new member of staff has commenced work in the practice. Mrs Rutledge confirmed that this staff member

had not been recruited in relation to this variation application. Mrs Rutledge confirmed that once the new surgery is operational it is anticipated that new clinical staff will be recruited.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. Review of the staff personnel file for the staff member recruited since the previous inspection demonstrated that the file includes all recruitment documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

### **5.5.7 Conclusion**

The variation to the registration in regards to the increase in dental chairs from two to three was approved, by the care and estates inspectors, during this inspection.

## **6. Quality Improvement Plan**

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Rutledge, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Recommendations

|  |  |
|--|--|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 8.3<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br>4 March 2016 | It is recommended that audits of justification and clinical evaluation recording are completed at least on an annual basis in keeping with best practice guidance.   |
|  | <b>Response by Registered Persons Detailing the Actions Taken:</b><br>The justification and clinical evaluation has been implemented into the practice with immediate affect. It is now getting completed monthly with the ongoing xray quality audit. |

|  |                  |                       |            |
|--|------------------|-----------------------|------------|
| <b>Registered Manager Completing QIP</b> | Heather Rutledge | <b>Date Completed</b> | 25/02/2015 |
| <b>Registered Person Approving QIP</b>   | Andy Relf        | <b>Date Approved</b>  | 25/02/2015 |
| <b>RQIA Inspector Assessing Response</b> | Stephen O'Connor | <b>Date Approved</b>  | 26/02/2016 |

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.