



The Regulation and  
Quality Improvement  
Authority

## **Failure to Comply Notice Compliance Inspection**

<b>Name of Establishment:</b>	<b>Ann Street Dental Practice Limited</b>
<b>Establishment ID No:</b>	<b>11364</b>
<b>Date of Inspection:</b>	<b>2 July 2014</b>
<b>Inspector's Name:</b>	<b>Emily Campbell</b>
<b>Inspection No:</b>	<b>18328</b>

**The Regulation and Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Ann Street Dental Practice
<b>Address:</b>	6 Ann Street Enniskillen BT74 7ES
<b>Telephone number:</b>	028 66322628
<b>Registered organisation / Responsible individual:</b>	Ann Street Dental Practice Limited Mr Christopher Kelly
<b>Registered manager:</b>	Mrs Sinead Kelly
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Christopher Kelly
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	3
<b>Date and type of previous inspection:</b>	Announced Inspection 9 April 2014
<b>Date and time of inspection:</b>	2 July 2014 11.00am – 12.15pm
<b>Name of inspector:</b>	Emily Campbell

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required. The service is also inspected to determine compliance with the requirements of the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment March 2005.

This is a report of the announced inspection to assess the compliance against a failure to comply notice. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of the inspection was to ascertain the progress made to address the actions outlined in the Failure to Comply Notice issued on 2 May 2014.

The breach of legislation identified in the Failure to Comply Notice was as follows:

The Independent Health Care Regulations (Northern Ireland) 2005

Regulation 15 (3)

Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices.

## **4.0 Inspection Focus**

An announced follow-up inspection was undertaken to Ann Street Dental Practice as it had been identified during the inspection on 9 April 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05 and the PEL 12(23) had not been made. Subsequent to this a Failure to Comply Notice was issued on 2 May 2014 in this regard.

This inspection was undertaken to establish the progress made towards compliance with the Failure to Comply Notice.

## 5.0 Methods/Process

- Review of the actions taken to comply with the failure to comply notice;
- Discussion with Ms Odette Woods, lead dental nurse;
- Examination of relevant records;
- Tour of the premises; and
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

## 6.0 DHSSPS Policy Position and Northern Ireland Amendment

Dental practices in Northern Ireland were directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments as noted in the Professional Estates Letter (PEL) (10) 04, were to be fully implemented by **November 2012**. PEL (10) 04 was replaced by PEL (12) 23 on 21 December 2012. HTM 01-05 was updated in 2013 and this was forwarded to Primary Care Dental Practices through the issue of Professional Estates Letter (PEL) (13) 13 on 01 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

## 7.0 Summary

An announced follow-up inspection was undertaken to Ann Street Dental Practice on 2 July 2014, as it had been identified during the previous inspection on 9 April 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05 and the PEL (13) 13 had not been made. Subsequent to this a Failure to Comply Notice was issued to Mr Christopher Kelly and Mrs Sinead Kelly, registered persons, in respect of Ann Street Dental Practice on 2 May 2014.

The inspection was undertaken by Emily Campbell on 2 July 2014 between the hours of 11.00am and 12.15pm. Mr and Mrs Kelly were not available during the inspection. The inspection was facilitated by Ms Odette Woods, lead dental nurse, who was available during the inspection and for verbal feedback at the conclusion of the inspection.

The breach of legislation identified in the Failure to Comply Notice was as follows:

*The Independent Health Care Regulations (Northern Ireland) 2005 Regulation 15 (3) – Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices.*

A fully functioning dedicated decontamination room; separate from patient treatment areas has been established. The layout of the room is in keeping with best practice as indicated in HTM 01-05.

All reusable dental instruments are appropriately cleaned, sterilised and stored in the decontamination room following use. A washer disinfectant has been installed and is incorporated within the decontamination process. Staff training has been provided in the use of the washer disinfectant and a logbook has been established in keeping with HTM 01-05. All equipment used within the decontamination process has been validated and Ms Woods confirmed that arrangements are in place for annual re-validation.

Review of documentation, discussion with Ms Woods and observations made during the inspection evidenced that the necessary actions have been taken to comply with the Failure to Comply Notice. Mr and Mrs Kelly were issued with a letter of confirmation of compliance following the inspection.

During the inspection, the inspector took the opportunity to review some of the actions taken to address the remaining requirements and recommendations from the previous inspection. Two requirements related to the refurbishment of the decontamination room and the provision and implementation of a validated washer disinfectant within the decontamination process. These have been addressed within the Failure to Comply Notice compliance. One of the two remaining requirements and five of the nine recommendations have been addressed and compliance achieved. One requirement in relation to enhanced AccessNI checks and four recommendations in relation to environmental cleaning policy development, sealing of flooring and shelving, legionella risk assessment and patient consultation were not fully reviewed during the inspection.

One requirement and four recommendations were carried forward for review at the next inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Ms Woods for her helpful discussions, assistance and hospitality throughout the inspection process.

## 8.0 Inspection Findings of Action Required to Comply with Regulations:

The decontamination room should be refurbished to provide a fully functioning decontamination room which is equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

This includes the following:

**The layout of the room should be in keeping with best practice as indicated in HTM 01-05 (2013 edition) and PEL (13) 13, which replaced PEL (12) 23.**

The inspector observed that a dedicated fully functioning decontamination room has been completed. The room is fully equipped and operational and it was confirmed during discussion with Ms Woods that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. Ms Woods confirmed that the fully functioning decontamination room has been operational from the week prior to the inspection.

Observations made evidenced that the layout of the decontamination room is in keeping with HTM 01.05. Space is provided for clean and dirty set down areas, work surfaces were uncluttered and easy to clean and the floor covering was coved and sealed at the edges. A dedicated hand wash basin is available with adequate supplies of liquid soap and paper towels available.

A dirty to clean flow is in place and two sinks are provided for the manual cleaning of instruments. A validated ultrasonic cleaner is positioned between the two sinks for the manual cleaning of dental instruments in the event of the washer disinfectant being unavailable or if instruments are not compatible with the washer disinfectant. An illuminated magnification device is available and appropriately placed for the inspection of instruments following cleaning and prior to sterilization.

**Provision of an automated validated washer disinfectant of adequate capacity, fully implemented into the decontamination process.**

The inspector observed that a washer disinfectant has been installed. Discussion with Ms Woods confirmed that it is being used in line with best practice and she was aware of the correct procedures for loading and unloading instruments from the washer disinfectant.

A review of records confirmed that the washer disinfectant was validated on commissioning.

Ms Woods confirmed that a procedure for the use of the washer disinfectant is in place and includes that the cycle parameters are recorded using an automatic data logger recording system.

**Staff undertaking decontamination duties should be trained in the use of the washer disinfectant.**

Ms Woods confirmed that staff undertaking decontamination duties have been trained in the use of the washer disinfectant and records to this effect were retained.

**A logbook should be established for the washer disinfectant containing the relevant information as indicated in HTM 01-05.**

A dedicated logbook has been established which contained the relevant information as indicated in HTM 01-05.

**Periodic tests of the washer disinfectant as outlined in HTM 01-05 should be undertaken and recorded in the washer disinfectant logbook.**

Review of the washer disinfectant logbook evidenced that the relevant periodic tests are undertaken and recorded in line with HTM 01-05.

**Evidence should be provided that the steam steriliser has been validated.**

Review of documentation confirmed that the steam steriliser has been validated and Ms Woods confirmed that arrangements are in place for annual re-validation thereafter. The practice has an additional steriliser which has also been validated, for use in the event of a breakdown of the main steriliser.

## 9.0 Follow-up on Previous Issues

Four requirements and nine recommendations were made during the previous inspection. Two requirements related to the refurbishment of the decontamination room and the provision and implementation of a validated washer disinfector within the decontamination process. These matters have been addressed within the Failure to Comply Notice and compliance achieved.

During the inspection, inspector took the opportunity to review some of the actions taken to address the remaining requirements and recommendations.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
3	15 (3)	All equipment used within the decontamination process must be validated and arrangements established for annual re-validation thereafter.	<p>Review of documentation evidenced that the washer disinfector, two ultrasonic cleaners and two steam sterilisers have been validated. Ms Woods confirmed that arrangements have been established for annual re-validation thereafter.</p> <p>One ultrasonic cleaner and one steriliser are currently in use, however the additional ultrasonic cleaner and steriliser have been validated for use in the event of breakdown.</p> <p>Requirement addressed.</p>	Compliant
4	19 (2) Schedule 2 (2)	An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.	<p>Ms Woods confirmed that AccessNI checks had been undertaken for new staff. However, on review of documentation, it was confirmed that these were completed at basic level and not enhanced level as required. The inspector discussed this matter in detail with Ms Woods who agreed that the checks would be recompleted at enhanced level. This requirement has been carried forward for review at the next inspection.</p>	Carried forward for review at the next inspection

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Review and amend the decontamination policy in relation to the ventilation in the decontamination room.	Review of the decontamination policy confirmed that this recommendation has been addressed.	Compliant
2	13	Sharps containers should be signed and dated on assembly.	Observations made of the sharps containers in one dental surgery confirmed that this recommendation has been addressed.	Compliant
3	13	Pharmaceutical waste should be disposed of in purple lidded sharps containers.	Observations made in one dental surgery confirmed that a purple lidded sharps container was available and was wall mounted.  Recommendation addressed.	Compliant
4	13	A policy and procedure for cleaning and maintaining the environment should be developed.	This recommendation was not reviewed during the inspection and is carried forward for review at the next inspection.	Carried forward for review at the next inspection
5	13	Flooring in the decontamination room should be covered at the edges and flooring in clinical areas should be sealed where it meets the walls.  The flooring and shelving in the first floor store should be sealed.  The flooring in the staff toilet should be sealed at the edges.	The flooring of the decontamination room has been covered and sealed. The remaining aspects of this recommendation were not reviewed and are carried forward for review at the next inspection.	Carried forward for review at the next inspection

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
6	13	<p>The arrangements for the colour coding of cleaning materials and equipment should be reviewed and implemented in line with HTM 01-05.</p> <p>These arrangements should be reflected in the policy and procedure for cleaning and maintaining the environment.</p> <p>The same mop for decontamination and clinical areas must not be used to clean toilet facilities.</p>	<p>Discussion with Ms Woods confirmed that cleaning equipment has been colour coded in line with HTM 01-05. Three separate mops are now provided for decontamination and clinical areas, toilet facilities and general areas.</p> <p>This recommendation has been addressed.</p> <p>The colour coding of cleaning materials has been included in the recommendation carried forward for review in relation to the development of a policy and procedure for cleaning and maintaining the environment.</p>	Compliant
7	13	<p>The legionella risk assessment should be further developed to include the following:</p> <ul style="list-style-type: none"> <li>• Details of the water supply throughout the practice. This may be done in written form or a schematic drawing</li> <li>• The risk management measures in place or to be put in place including the arrangements in the second floor residential accommodation which is unoccupied, annual inspection of the water tank/s, monthly recording of hot and cold water</li> </ul>	<p>A legionella risk assessment was completed by an external contractor on 25 June 2014. The practice has been provided with a logbook for periodic test recording and records of these were retained. However, a schematic drawing or details of the water supply to the practice, a copy of the risk assessment and details of the management of dental unit water lines (DUWLs) have still to be provided. Therefore this recommendation has been carried forward for review at the next inspection.</p>	Carried forward for review at the next inspection

		<p>temperatures, and weekly flushing of infrequently used water outlets</p> <ul style="list-style-type: none"> <li>• Specific details of the management of DUWLs</li> <li>• Records should be retained of the periodic checks undertaken</li> </ul>		
8	13	<p>Dental unit water lines (DUWLs) should be flushed for at least two minutes at the start of each working day and for at least 20-30 seconds between every patient in keeping with HTM 01-05.</p> <p>The practice policy for the management of DUWLs should be updated to reflect these arrangements.</p>	<p>Review of documentation and discussion with Ms Woods confirmed that this recommendation has been addressed.</p>	Compliant
9	9	<p>Establish a system for a more targeted approach to be taken in relation to patient consultation.</p> <p>On completion of the consultation period, results of the patient satisfaction survey should be collated and made available to patients.</p>	<p>Ms Woods confirmed that a patient satisfaction survey has been undertaken, however, the results of the consultation have not yet been collated or summary provided. This recommendation has therefore been carried forward for review at the next inspection.</p>	Carried forward for review at the next inspection

## **10.0 CONCLUSION**

Review of documentation, discussion with Ms Woods and observations made during the inspection evidenced that the necessary actions have been taken to comply with the Failure to Comply Notice. Mr and Mrs Kelly were issued with a letter of confirmation of compliance following the inspection.

During the inspection, the inspector took the opportunity to review some of the actions taken to address the remaining requirements and recommendations. One of the two remaining requirements and five of the nine recommendations have been addressed and compliance achieved. One requirement and four recommendations have been carried forward for review at the next inspection.

## **11.0 Quality Improvement Plan**

The findings of this inspection were discussed with Ms Woods as part of the inspection process.

No new requirements or recommendations were made as a result of this inspection, however, one requirement and four recommendations have been carried forward from the previous inspection for review at the next inspection and a quality improvement plan is attached in this regard. The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



## Quality Improvement Plan

### Failure to Comply Notice Compliance Inspection

Ann Street Dental Practice Ltd

2 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Odette Woods either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**STATUTORY REQUIREMENTS**

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

NO.	REGULATION REFERENCE	REQUIREMENTS CARRIED FORWARD FOR REVIEW	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	19 (2) Schedule 2 (2)	An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.  <b>Ref 9.0</b>	One		Immediate and ongoing

<b>RECOMMENDATIONS</b>					
These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATIONS CARRIED FORWARD FOR REVIEW</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	13	<p>A policy and procedure for cleaning and maintaining the environment should be developed.</p> <p>The arrangements for the colour coding of cleaning materials should be reflected in the policy and procedure for cleaning and maintaining the environment</p> <p><b>Ref 9.0</b></p>	One		Three months
2	13	<p>Flooring in clinical areas should be sealed where it meets the walls.</p> <p>The flooring and shelving in the first floor store should be sealed.</p> <p>The flooring in the staff toilet should be sealed at the edges.</p> <p><b>Ref 9.0</b></p>	One		Three months
3	13	<p>The legionella risk assessment should be further developed to include the following:</p> <ul style="list-style-type: none"> <li>• Details of the water supply throughout the practice. This may be done in written form or a schematic drawing</li> <li>• The risk management measures in place or</li> </ul>	One		Three months

		<p>to be put in place including the arrangements in the second floor residential accommodation which is unoccupied, annual inspection of the water tank/s, monthly recording of hot and cold water temperatures, and weekly flushing of infrequently used water outlets</p> <ul style="list-style-type: none"> <li>• Specific details of the management of dental unit water lines (DUWLs)</li> <li>• Records should be retained of the periodic checks undertaken</li> </ul> <p><b>Ref 9.0</b></p>			
4	9	<p>Establish a system for a more targeted approach to be taken in relation to patient consultation.</p> <p>On completion of the consultation period, results of the patient satisfaction survey should be collated and made available to patients.</p> <p><b>Ref 9.0</b></p>	One		Three months

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk)

<b>Name of Registered Manager Completing QIP</b>	
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable			
Further information requested from provider			