



The Regulation and  
Quality Improvement  
Authority

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

**Name of Establishment:** Bradbury Dental Surgery  
**Establishment ID No:** 11402  
**Date of Inspection:** 30 May 2014  
**Inspectors' Names:** Lynn Long  
Elaine Connolly  
**Inspection No:** 18326

**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>	Bradbury Dental Surgery
<b>Address:</b>	46 Bradbury Place Belfast BT7 1RR
<b>Telephone number:</b>	028 9022 2444
<b>Registered organisation / registered provider:</b>	Dental World Limited Mr Robert A McMitchell
<b>Registered manager:</b>	Miss Jessica Larmour
<b>Person in charge of the establishment at the time of inspection:</b>	Miss Jessica Larmour
<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 follow- up Inspection 12 March 2014
<b>Date and time of inspection:</b>	30 May 2014 10.00-11.25
<b>Name of inspectors:</b>	Lynn Long Elaine Connolly

## 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 two Failure to Comply Notices. 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 Notices issued on 28 March 2014.

The breaches of legislation identified in the Failure to Comply Notices were as follows:

### **The Independent Health Care Regulations (Northern Ireland) 2005**

**1 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.***

**2 Regulation 15 (1) (b)**

***(1) Subject to regulation 7 (3), the registered person shall provide treatment and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and any other services provided to each patient –***

***(b) reflect published research evidence and guidance issued by the appropriate professional and expert bodies, as to good practice in the treatment of the condition from which the patient is suffering;***

#### 4.0 Inspection Focus

An announced follow-up inspection was undertaken to Bradbury Dental Surgery on 12 March 2014 as it had been identified during the previous inspection on 10 December 2013 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. In addition at the announced follow-up inspection of 12 March 2014, a number of issues in relation to radiology and radiation safety which did not meet with best practice and had been identified during the inspection of 10 December 2013 had still not been progressed. Subsequent to this, two Failure to Comply Notices were issued on 28 March 2014 in relation to the matters outlined above.

This inspection of 30 May 2014 was undertaken to establish the progress made towards compliance with the Failure to comply notices.

#### 5.0 Methods/Process

- review of the actions taken to comply with the failure to comply notices;
- discussion with Miss Jessica Larmour, registered manager;
- examination of relevant records;
- consultation with relevant staff;
- 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, should 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 Bradbury Dental Surgery on 12 March 2014, as it had been identified during the previous inspection on 10 December 2013 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. In addition a number of issues in relation to radiology and radiation safety, which did not meet with best practice, had still not been progressed. Subsequent to this, two Failure to Comply Notices were issued to Mr R McMitchell, responsible individual, in respect of Bradbury Dental Surgery on 28 March 2014.

The inspection was undertaken by Lynn Long and Elaine Connolly on 30 May 2014 from 10.00 to 11.25. Miss Larmour, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The breaches of legislation identified in the Failure to Comply Notices were 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 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.

While the room is fully operational a number of snagging issues still need to be addressed:

- the room needs to be painted;
- the pipework from the hand washing basin should be boxed in; and
- the additional door from the adjacent surgery should be locked so access to the decontamination room is via the corridor only.

Miss Larmour agreed to address the matters and progress will be monitored during further inspections to the practice.

All reusable dental instruments are appropriately cleaned, sterilised and stored in the decontamination room following use.

A validated washer disinfectant has been installed and is incorporated within the decontamination process. Relevant periodic tests have been commenced.

Review of documentation, discussion with Miss Larmour and observations made during the inspection evidenced that the necessary actions have been taken to comply with the Failure to Comply Notice in relation to the decontamination of reusable dental instruments.

Mr McMitchell was issued with a letter of confirmation of compliance following the inspection.

**The Independent Health Care Regulations (Northern Ireland) 2005  
Regulation 15 (1) (b)**

***(1) Subject to regulation 7(3), the registered person shall provide treatment and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and any other services provided to each patient –  
(b) reflect published research evidence and guidance issued by the appropriate professional and expert bodies, as to good practice in the treatment of the condition from which the patient is suffering;***

Review of documentation, discussion with Miss Larmour and observations made during the inspection evidenced that the necessary actions have not been taken to comply with the second Failure to Comply Notice in relation to radiology and radiation safety.

While it was acknowledged that some progress had been made the Failure to Comply Notice was extended to 29 June 2014. Correspondence was issued following the inspection to Mr McMitchell and relevant stakeholders in this regard.

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

**8.1 FTC/IHC-DT/11402/2013-2014/01**

**A dedicated decontamination room must be completed, fully 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:**

One inspector observed that a dedicated decontamination room has been completed. The room is fully equipped and operational and it was confirmed during discussion with Miss Larmour that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

While the room is fully operational a number of snagging issues still need to be addressed:

- the room needs to be painted;
- the pipework from the hand washing basin should be boxed in; and
- the additional door from the adjacent surgery should be locked so access to the decontamination room is via the corridor only.

Miss Larmour is aware of the outstanding environmental matters and agreed to progress them. Progress will be monitored during further inspections to the practice.

**The establishment of a fully functioning dedicated decontamination room separate from patient treatment areas. The layout of the room should be in keeping with best practice as outlined in HTM 01-05 (2013 edition and PEL (13) 13, which replaced PEL (12) 23).**

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.

Extraction and clean air make up ventilation has been provided.

A dedicated hand wash basin is available with adequate supplies of liquid soap and paper towels. As discussed above the pipework from the wash hand basin should be boxed in to enable adequate cleaning.

A dirty to clean flow is in place and two sinks are provided for the manual cleaning of instruments.

**Provision and implementation of an automated validated washer disinfectant within the decontamination process.**

A washer disinfectant has been installed in the decontamination room. Discussion with the Miss Larmour 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 23 May 2014. A dedicated logbook has been established and the relevant periodic tests are undertaken and recorded in line with HTM 01-05. Miss Larmour advised that she was aware that a monthly soil test is required to be undertaken and the equipment to enable this to be completed was on order.

Miss Larmour 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. As the washer disinfectant has only been in use since 23 May 2014, Miss Larmour confirmed that the information from the data logger would be uploaded on a monthly basis.

**Ensure all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.**

Evidence was provided that reusable dental instruments are appropriately cleaned, sterilised and stored following use. Arrangements are in place for instruments to be safely transferred from practice surgeries to the decontamination room using ridged transport containers. A dedicated storage cabinet has been provided for processed instruments.

Instruments are bagged following processing and the expiry date recorded.

A pre-printed log book has been established for the steam steriliser and the relevant periodic tests are undertaken and recorded in line with HTM 01-05.



**8.2 FTC/IHC-DT/11402/2013-2014/02**

**Appoint a Radiation Protection Supervisor for the practice. The Radiation Protection Supervisor must be made known to all staff and a record confirming the appointment must be retained in the radiation protection file;**

**Audits of x-ray quality must be undertaken and recorded on a six monthly basis. Issues identified as a result of the audit must be addressed. All dentist's x-ray quality ratings must be included in the audit;**

**Audits of justification and clinical evaluation recording must be undertaken and recorded on an annual basis. Audits should incorporate review of all dentists justification and clinical evaluation recording;**

**The recommendations made by the appointed Radiation Protection Advisor must be addressed and a record retained to confirm the actions taken;**

**Routine testing must be undertaken by the appointed Radiation Protection Advisor at intervals not exceeding three years and any recommendations made must be addressed and a record retained;**

**All staff, including the dentists must sign to confirm that they have read and understood the local rules for radiology;**

**Employer's procedures must be established for the practice and include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 as amended.**

**The radiation protection file must be reviewed to ensure it reflects that x-rays are now digital, reflects current staff and that information which is no longer applicable is removed and filed appropriately.**

One inspector reviewed the arrangements in place for radiology and radiation safety. A review of the documentation, discussion with Miss Larmour and observations made identified that some progress has been made to achieve compliance.

However, the necessary actions have not been taken to comply with the second Failure to Comply Notice in relation to radiology and radiation safety. The outstanding issues which require to be addressed to achieve compliance were discussed with Miss Larmour. Miss Larmour confirmed that she would continue to work on the actions in order to achieve compliance.

The Failure to Comply Notice was extended to 29 June 2014.  
Correspondence was issued to Mr McMitchell and relevant stakeholders in this regard.

## **8.0 Conclusion**

Review of documentation, discussion with Miss Larmour and observations made during the inspection evidenced that the necessary actions have been taken to comply with the Failure to Comply Notice in relation to the decontamination of reusable dental instruments. Mr McMitchell was issued with a letter of confirmation of compliance following the inspection.

However review of documentation, discussion with Miss Larmour and observations made during the inspection evidenced that the necessary actions have not been taken to comply with the second Failure to Comply Notice in relation to radiology and radiation safety. While it was acknowledged that some progress had been made the failure to comply notice was extended to 29 June 2014. Correspondence was issued to Mr McMitchell and relevant stakeholders in this regard.

## 9.0 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**

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**Lynn Long**  
**Inspector**

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**Date**

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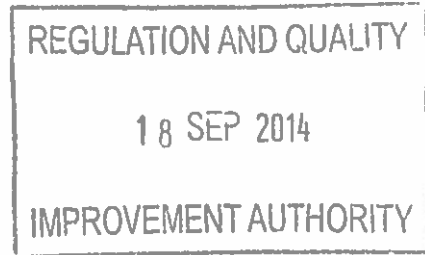
**Elaine Connolly**  
**Senior Inspector**

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**Date**



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I ~~agree~~/~~do not agree~~\* with the content of the Failure to Comply Notice Announced Compliance Inspection report of Bradbury Dental Surgery undertaken on 30 May 2014.

\* Please delete as appropriate

Please provide any additional comments or observations you may wish to make:

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SIGNED: [Signature]  
Registered Provider

SIGNED: [Signature]  
Registered Person in Control  
(or Designated Person in Control)

NAME: Robert Mitchell  
(PRINT)

NAME: Jessica Lomas  
(PRINT)

DATE: 3.9.14

DATE: 03.09.14

The registered provider/manager is required to sign this declaration and return to:

The Regulation and Quality Improvement Authority  
9th floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

DATE RECEIVED	APPROVED	SIGNATURE OF INSPECTOR
19/9/14.	Yes	[Signature]