Announced Care Inspection Report
6 February 2019

Crutchley R. J. Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 48 Castlereagh Road, Belfast, BT5 5FP
Tel No: 028 9045 9018
Inspectors: Norma Munn and Steven Smith

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Mr Richard Crutchley **Responsible Individual:** Richard James Crutchley	**Registered Manager:** Richard James Crutchley
Person in charge at the time of inspection: Mr Richard Crutchley	**Date manager registered:** 19/02/2018
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

4.0 Action/enforcement taken following the most recent inspection dated 19 February 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 19 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 25 (1) **Stated:** Third and final time	The registered person must ensure that the ventilation system in the decontamination room is in keeping with best practice guidance as outlined in HTM 01-05. Ref: 6.2 and 6.4	**Met**
	Action taken as confirmed during the inspection: The ventilation system in the decontamination room was confirmed as being installed in March 2018 and found to be functioning during the inspection.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall ensure that all staff attend training in safeguarding of children and adults commensurate of their role in keeping with best practice guidance and in accordance with the Minimum Standards for Dental Care and Treatment 2011. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Review of training records confirmed that all staff had received training in safeguarding of adults and children commensurate with their role.	
Area for improvement 2 **Ref**: Standard 15.3 **Stated:** First time	The registered person shall review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: There were separate safeguarding policies in place for both adults and children that reflect the regional policies and guidance.	

Area for improvement 3 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that paediatric pads are provided for use with the automated external defibrillator (AED). Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Paediatric pads for use with the automated external defibrillator (AED) were in place and available for use.	
Area for improvement 4 **Ref**: Standard 14.4 **Stated:** First time	The registered person shall implement a more robust system to ensure that all equipment used in the decontamination process is validated on an annual basis. The most recent validation certificates should be submitted to RQIA with the returned QIP. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: The requested validation certificates were received by RQIA following the previous inspection. A robust system has been established to ensure that all equipment used in the decontamination process is validated on an annual basis.	
Area for improvement 5 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Discussion with staff confirmed that all compatible dental handpieces are processed in the washer disinfector.	

Area for improvement 6 **Ref**: Standard 12.5 **Stated:** First time	The registered person shall ensure that all staff attend fire awareness training on an annual basis. A record should be retained in this regard. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: A review of training records confirmed that all staff had received relevant fire safety training.	

5.0 Inspection findings

An announced inspection took place on 6 February 2019 from 10.00 to 13.00.

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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Crutchley, registered person, one dental nurse and one trainee dental nurse. A tour of some the premises was also undertaken.

The findings of the inspection were provided to Mr Crutchley at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

It was noted that Glucagon was not stored in the fridge. A discussion took place with regards to the procedure for safe storage of Glucagon as this medication, when not stored in the fridge, has a reduced expiry date. Mr Crutchley was advised to change the expiry date of this item in keeping with the manufacturer's guidance. An area for improvement against the regulations has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Mr Crutchley was advised to ensure that the portable suction machine, oxygen masks and identified syringes are covered and stored in line with infection prevention and control (IPC) best practice guidelines. This issue has been included along with another area for improvement in relation to IPC under section 5.2.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. Individual staff completed training during May 2018, October 2018 and January 2019.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Ensure Glucagon is stored in keeping with the manufacturer's guidance.

	Regulations	Standards
Areas for improvement	**1**	**0**

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of some of the premises, the following areas were identified in relation to IPC and require to be addressed:

- The disposable aprons in the decontamination room should be stored in line with best practice guidelines
- The colour coding of the mops and buckets should be reviewed to ensure they are used and stored in accordance with the National Patient Safety Agency (NPSA) guidance. Staff should be aware of the colour coded system to be used
- Flaky paint on the wall under the window in the decontamination room should be repaired
- The window sill in the decontamination room should be cleaned and included in the practice cleaning schedules
- The loose strip on the side of the identified worktop in the decontamination room should be sealed
- The sticky material around the identified sink bowl should be cleaned/removed
- The disused blind rail above the window in the decontamination room should be removed

- The foot operated clinical waste bin in the decontamination room should be easy to open and the interior of the lid should be cleaned
- The lighting pull cords in the toilets should be replaced with pull cords that can be effectively cleaned
- The rusty area on the identified dental chair should be repaired
- Sharps boxes should be signed and dated on assembly and permanent closure
- Excess toilet rolls should not be stored on the cistern of the toilet
- Cleaning chemicals in the patient toilet should be safely stored in line with the Control of Substances Hazardous to Health (COSHH) regulations
- The cause of the damp area on the reception wall should be identified and repaired
- Consideration should be given to the provision of warm water at the identified sinks to enable staff and patients to follow hand hygiene protocols in comfort
- The portable suction machine, oxygen masks and identified syringes should be covered and appropriately stored

An area for improvement against the regulations has been made.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

The most recent IPS audit was completed during October 2018 by a dental nurse who recently left employment with the practice; however, the audit did not appropriately identify IPC issues. The IPS audit tool should be revisited to ensure that it is completed in a meaningful way. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. An area for improvement against the standards has been made. Mr Crutchley confirmed that any learning identified as a result of these audits will be shared with staff.

Issues identified during this inspection, and discussion with dental nurse staff, demonstrate a lack of understanding of IPC policies as well as procedures in relation to the management of dental unit water lines. Arrangements are not currently in place to ensure that staff receive training commensurate with their roles and responsibilities; the last IPC training was completed in 2012. An area for improvement has been made against the regulations to ensure that all clinical staff complete training in IPC and the management of dental unit water lines.

It was confirmed that conventional needles and syringes are used by the dentist when administering local anaesthetic, as opposed to using safer sharps. Safer sharps should be used so far as reasonably practicable. Where this is not practicable, a risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Best practice in respect of sharps was discussed and staff confirmed that it is the responsibility of the user to safely dispose of them. An area for improvement against the standards has been made.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of hand hygiene and the provision and use of personal protective equipment.

Areas for improvement

Address the issues identified in relation to IPC.

The IPS audit tool should be revisited to ensure that it is completed meaningfully to identify issues in relation to IPC. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Training should be provided for staff in relation to IPC and the management of dental unit water lines in accordance with best practice. Training records should be made available for inspection.

Safer sharps should be used so far as is reasonably practicable. Where this is not practicable a risk assessment should be undertaken by the dentist who does not use safer sharps.

	Regulations	Standards
Areas for improvement	**2**	**2**

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. As discussed issues were identified in relation to infection prevention and control within the decontamination area that should be addressed, and an area for improvement has been made under section 5.2 of this report.

The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned and sterilised following use. Inconsistent practice was evident in relation to the labelling and storage of wrapped, sterilised instruments. Some instruments were labelled with the date of sterilisation and others were labelled with their expiry date. A small sample examination of dental instruments was undertaken and one instrument was observed to have exceeded its expiry date. A consistent approach should be taken in relation to labelling to avoid confusion and ensure that expired instruments are not used. Wrapped, sterilised instruments should be stored away from the clinical area in keeping with best practice. An area for improvement against the regulations has been made.

Appropriate equipment, including a washer disinfector and steam steriliser have been provided to meet the practice requirements. Two steam sterilisers were present in the decontamination

room however only one is used and maintained. The unused equipment should be removed from the decontamination room in keeping with HTM 01-05.

The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. The dental nurse disclosed that she had disposed of the previous logbooks for 2018. Advice was given that all records in relation to decontamination should be kept for a minimum period of 2 years to provide traceability of dental instruments. An area for improvement against the standards has been made.

Due to the issues identified in relation to the decontamination of dental instruments, refresher training should be provided to staff on the decontamination process and appropriate storage of instruments following sterilisation. This will be included in an area for improvement previously made regarding training under section 5.2.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the equipment used in the decontamination process. The equipment is appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that the required periodic tests are being undertaken and recorded.

Areas for improvement

Training in decontamination of dental instruments should be provided for staff to include the decontamination process and appropriate storage of instruments following sterilisation.

All records in relation to decontamination should be retained and available for inspection for a minimum period of 2 years.

Sterilised, wrapped dental instruments should be stored away from the clinical area with the date of expiry clearly identified on the packaging. A robust system should be put in place to ensure that wrapped dental instruments do not exceed the 12 month storage period.

	Regulations	Standards
Areas for improvement	**1**	**1**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine. Mr Crutchley confirmed that only one of the x-ray machines is operational.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Crutchley, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Crutchley confirmed that he regularly reviews the information contained within the file to ensure that it is current. The entitlement form in the radiation protection file should be completed in respect of the identified dental nurse to confirm that they are entitled to carry out the duties in relation to the processing of x-ray images.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA confirmed that one of the recommendations, in relation to the installation of a mirror in the surgery, has not been addressed.

An area for improvement against the standards has been made in relation to entitlement of duty holders regarding processing x-ray images and complying with the recommendations of the RPA report.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

Ensure appropriate entitlement of duty holders regarding processing x-ray images and comply with the recommendations of the RPA report.

	Regulations	Standards
Areas for improvement	**0**	**1**

5.5 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

5.6 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care.

Comments included in in submitted questionnaire responses are as follows:

- "Feel 100% confident in this practice"

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**4**	**4**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Crutchley, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 15 (6) **Stated:** First time **To be completed by:** 6 March 2019	The registered person shall ensure that Glucagon is stored in line with the manufacturer's guidance. Ref: 5.1
	Response by registered person detailing the actions taken: Regstered person has ensured that the glucagon is stored in line line with manufacturers guildlines. expiry date had been adjusted.
Area for improvement 2 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 6 March 2019	The registered person shall ensure that all issues identified in relation to infection prevention and control are addressed as outlined in the main body of the report. Ref: 5.2
	Response by registered person detailing the actions taken: all issues identified have been addressed.
Area for improvement 3 **Ref:** Regulation 18 (2) **Stated:** First time **To be completed by:** 6 April 2019	The registered person shall ensure that all clinical staff receive training in the following areas, in keeping with best practice: • Infection prevention and control • The management of dental unit water lines • The decontamination process and storage of dental instruments following sterilisation Training records should be retained and made available for inspection. Ref: 5.2 and 5.3
	Response by registered person detailing the actions taken: Clinical staff have completed an online course for infection control and prevention.

	the management of dental unit waters lines has beed reveiwed and implemented. the storage off dental instruments no longer in use has been reveiwed and the instruments have been disguarded.
Area for improvement 4 **Ref**: Regulation 15 (3) **Stated:** First time **To be completed by:** 6 March 2019	The registered person shall ensure that: • Sterilised, wrapped dental instruments are stored away from the clinical area • A system is put in place to ensure that wrapped, sterilised instruments are clearly marked with their expiry date, and not retained in excess of the 12-month storage period, in keeping with best practice Ref: 5.3
	Response by registered person detailing the actions taken: all sterilised and wrapped dental instruments are now stored in decon room in drawer and only taken out on morning of use for patients that day.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 6 March 2019	The registered person shall ensure that the infection prevention society (IPS) audit is revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control and decontamination. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. Ref: 5.2
	Response by registered person detailing the actions taken: the ips audit will be revisited and reveiwed in april 2019 by the registered person.
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 6 March 2019	The registered person shall ensure that safer sharps are used, so far as is reasonably practicable, in line with best practice guidance. Where this is not practicable a risk assessment should be undertaken, by the dentist who does not use safer sharps, and an action plan developed to address any issues identified. Ref: 5.2
	Response by registered person detailing the actions taken: a risk assessment has been carried out by the registered person. and action has been taken to address any issues identified.
Area for improvement 3	The registered person shall ensure that all records relating to decontamination are retained for a minimum period of 2 years.

Ref: Standard 13.4 **Stated:** First time **To be completed by:** 6 March 2019	Ref: 5.3 **Response by registered person detailing the actions taken:** all records relating to decontamination are stored in a filing cabinet for 2 years and no less.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews