Announced Care Inspection Report
10 February 2020

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
Inspector: Steven Smith

In respect of dental practices for the 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

This is a registered dental practice with two registered places.

Registered Provider:	**Registered Manager:**

Mr Richard Crutchley	Mr Richard Crutchley
Person in charge at the time of inspection: Mr Richard Crutchley	**Date manager registered:** 24 January 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

The most recent inspection of the establishment was an announced care inspection. The completed quality improvement plan (QIP) was returned and approved by the care inspector.

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 15 (6) **Stated:** First time	The registered person shall ensure that Glucagon is stored in line with the manufacturer's guidance.	**Met**
	Response by registered person detailing the actions taken: Review of emergency medicines evidenced that Glucagon is being stored in line with the manufacturer's guidelines.	

Area for improvement 2 **Ref:** Regulation 15 (7) **Stated:** First time	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.	**Partially met**
	Response by registered person detailing the actions taken: Review of the premises and discussion with the practice manager confirmed that all issues in relation to infection prevention and control identified in the main body of the report for the inspection dated 6 February 2019 had	

	been addressed with the exception of the following: • The cause of the damp area on the reception wall should be identified and repaired • The rusty area on the identified dental chair should be repaired This area for improvement is stated for a second time.	
Area for improvement 3 **Ref:** Regulation 18 (2) **Stated:** First time	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.	**Met**
	Response by registered person detailing the actions taken: Review of records and discussion with the practice manager confirmed that all clinical staff had received training in the identified areas during March 2019.	

Area for improvement 4 **Ref**: Regulation 15 (3) **Stated:** First time	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	**Met**

	Response by registered person detailing the actions taken: Discussion with the practice manager and review of the decontamination procedures in the practice confirmed that: • Sterilised, wrapped dental instruments are stored away from the clinical area • A system has been implemented to ensure that wrapped, sterilised instruments are clearly marked with their expiry date, and not retained in excess of the 12-month storage period	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time	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.	**Met**
	Response by registered person detailing the actions taken: Review of documents evidenced that the IPS audit had been revisited to ensure that it identified issues in relation to infection prevention and control and decontamination.	

Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time	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.	**Met**

	Response by registered person detailing the actions taken: Discussion with the practice manager and review of documents confirmed that a sharps risk assessment had been carried out and that safer sharps are now being used in the practice.	
Area for improvement 3 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that all records relating to decontamination are retained for a minimum period of 2 years.	**Met**
	Response by registered person detailing the actions taken: Discussion with the practice manager and review of records confirmed that all records relating to decontamination are retained for a minimum period of 2 years.	
Area for improvement 4 **Ref**: Standard 8.3 **Stated:** First time	The registered person shall ensure: • All recommendations made by the RPA are addressed • The entitlement form in the radiation protection file is 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	**Met**
	Response by registered person detailing the actions taken: Review of records and discussion with Mr Crutchley confirmed that all recommendations made by the RPA have been addressed. The entitlement form in the radiation protection file has been 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.	

An announced inspection took place on 10 February 2020 from 10.00 to 12.30.

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 Richard Crutchley, registered person, the practice manager, who is also a qualified dental nurse, and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

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

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines, in general, were retained in keeping with the British National Formulary (BNF). It was identified that Buccolam pre-filled syringes were not supplied in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB). A discussion took place with regards to the procedure for the safe administration of Buccolam and Mr Crutchley was advised to increase the supply of Buccolam accordingly. This was facilitated during the course of the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a size 4 oropharyngeal airway. Mr Crutchley confirmed that emergency medicines and equipment are checked monthly; however a review of relevant documentation established that these items were not individually recorded on an identified checklist to ensure that they do not exceed their expiry date. A discussion took place with regards to the development of robust arrangements to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due. Mr Crutchley was also advised to obtain a size 4 oropharyngeal airway and readily agreed to do so. An area for improvement against the standards has been made in this regard.

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. The most recent occasion staff completed medical emergency refresher training was during December 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

Robust arrangements must be developed and implemented to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due.

Ensure provision of a size 4 oropharyngeal airway.

	Regulations	Standards
Areas for improvement	0	1

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

The practice manager confirmed that conscious sedation is not provided in the practice.

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. The rusty area on the identified dental chair, which was highlighted during the previous care inspection, had not been effectively repaired. The cause of the damp area on the reception wall, highlighted during the previous care inspection, had yet to be identified and repaired. These areas for improvement against the regulations are stated for a second time.

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.

A review of the most recent IPS audit, completed during January 2020, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out by the practice manager who confirmed that any learning identified as a result of these audits is shared at staff meetings. Review of documentation and discussion with the practice manager confirmed that the previous IPS audit was completed in April 2019. The practice manager was advised to ensure that the IPS audit tool is undertaken at least six monthly and that any deficits identified should be addressed. An area for improvement against the standards has been made in this regard. The practice manager was also advised to retain copies of previous IPS audits to assist with the inspection process and readily agreed to do so.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Review of personnel records demonstrated that evidence of the Hepatitis B vaccination status of clinical staff was retained. These records had either been generated by the staff member's GP or by an occupational health department. The practice manager confirmed that all newly recruited clinical staff members, new to dentistry, were automatically referred to occupational health.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

The registered person shall ensure that an audit of compliance with HTM 01-05 using the IPS audit tool is undertaken at least six monthly. Any deficits identified should be addressed.

The rusty area on the identified dental chair should be repaired. The cause of the damp area on the reception wall should be identified and repaired.

	Regulations	Standards
Areas for improvement	1	1

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector and a steam steriliser, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated, and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. The written scheme of examination pressure vessels inspection report was not available for review and an area for improvement against the standards has been made in this regard.

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 decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Provide a copy of the current written scheme of examination pressure vessels inspection report. This document should be retained in the practice to facilitate future inspections.

	Regulations	Standards
Areas for improvement	0	1

Radiology and radiation safety

The practice has two surgeries, one of which has an intra-oral x-ray machine.

Mr Crutchley, as 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 regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA, completed during March 2018, demonstrated that any recommendations made have been addressed.

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

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

There was a complaints policy and procedure in place. Minor amendments were made to the policy and procedure during the inspection to ensure it was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. The practice manager confirmed that, whilst the practice has not received a complaint since the last care inspection, an audit of complaints would be used to identify trends, drive quality improvement and enhance service provision as necessary. The practice manager confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Crutchley is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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.

Five patients submitted questionnaire responses to RQIA. All 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.

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

	Regulations	Standards
Total number of areas for improvement	1	3

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Crutchley, registered person, and the practice manager 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.

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 (7) **Stated:** Second time **To be completed by:** 09 March 2020	The registered person shall ensure that: • The rusty area on the identified dental chair is repaired • The cause of the damp area on the reception wall should be identified and repaired Ref: 4.1
	Response by registered person detailing the actions

	taken: AWAITING QUOTE FOR NEW DENTAL CHAIR AWAITING QUOTE FROM BUILDER RE DAMP AREA
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 09 March 2020	The registered person shall ensure that: • Robust arrangements are developed and implemented to ensure that emergency medicines and equipment are retained within their expiry dates and replaced when due • A size 4 oropharyngeal airway is provided Ref: 5.1
	Response by registered person detailing the actions taken: BOTH HAVE NOW BEEN IMPLEMENTED

Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time	The registered person shall ensure that an audit of compliance with HTM 01-05 using the IPS audit tool is undertaken at least six monthly and any deficits identified should be addressed. Ref: 5.3
To be completed by: 09 March 2020	**Response by registered person detailing the actions taken:** IPS AUDIT IS REVIEWRD EVERY 6 MTHS
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time	The registered person shall provide a copy of the current written scheme of examination pressure vessels inspection report. This document should be retained in the practice to facilitate future inspections. Ref: 5.4
To be completed by: 09 March 2020	**Response by registered person detailing the actions taken:** REPORTS WILL NOW BE AVAILABLE FOR INSPECTION

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

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