



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Crutchley R J Dental Practice
Establishment ID No: 11421
Date of Inspection: 22 December 2014
Inspector's Name: Stephen O'Connor
Inspection No: 20865

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Crutchley R J Dental Practice
Address:	48 Castlereagh Road Belfast BT5 5FP
Telephone number:	028 9045 9018
Registered organisation / registered provider:	Richard Crutchley
Registered manager:	Richard Crutchley
Person in charge of the establishment at the time of Inspection:	Richard Crutchley
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Announced Inspection 27 September 2013
Date and time of inspection:	22 December 2014 09:55 – 12:45
Name of inspector:	Stephen O'Connor

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.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr Richard Crutchley, registered provider;
- 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.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with staff on duty. Questionnaires were provided to staff prior to the inspection by the practice, on behalf of the RQIA to establish their views regarding the service. Matters raised by staff were addressed by the inspector during the course of this inspection:

	Number	
Discussion with staff	3	
Staff Questionnaires	5 issued	3 returned

Prior to the inspection the registered person/s were asked, in the form of a declaration, to confirm that they have a process in place for consulting with service users and that a summary of the findings has been made available. The consultation process may be reviewed during this inspection.

6.0 Inspection Focus

The inspection sought to establish the level of compliance achieved with respect to the selected DHSSPS Minimum Standards for Dental Care and Treatment and a thematic focus incorporating selected standards and good practice indicators. An assessment on the progress in relation to the issues raised during and since the previous inspection was also undertaken.

In 2012 the DHSSPS requested that RQIA make compliance with best practice in local decontamination, as outlined in HTM 01-05 Decontamination in Primary Care Dental Premises, a focus for the 2013/14 inspection year.

The DHSSPS and RQIA took the decision to review compliance with best practice over two years. The focus of the two years is as follows:

- Year 1 – Decontamination – 2013/14 inspection year
- Year 2 - Cross infection control – 2014/15 inspection year

Standard 13 – Prevention and Control of Infection [Safe and effective care]

The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.

The decontamination section of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health, was used as a framework for development of a self-assessment tool and for planned inspections during 2013/14.

The following sections of the 2013 edition of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health have been used as a framework for the development of a self-assessment tool and for planned inspections in 2014/15:

- prevention of blood-borne virus exposure;
- environmental design and cleaning;
- hand hygiene;
- management of dental medical devices;
- personal protective equipment; and
- waste.

A number of aspects of the Decontamination section of the Audit tool have also been revisited.

RQIA have highlighted good practice guidance sources to service providers, making them available on our website where possible. Where appropriate, requirements will be made against legislation and recommendations will be made against DHSSPS Minimum Standards for Dental Care and Treatment (2011) and other recognised good practice guidance documents.

The registered provider/manager and the inspector have each rated the practice's compliance level against each section of the self-assessment.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 – Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 – Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Crutchley Dental Practice is located within a former residential property which has been converted and adapted to accommodate a dental practice. On street car parking is available for patients directly in front of the practice and nearby.

The establishment is not accessible for patients with a disability as both of the surgeries are located on the first floor. The practice has a policy for onward referring patients who cannot be accommodated.

Crutchley Dental Practice operates two dental chairs, providing general dentistry on both a private and NHS basis. The establishment has a reception, waiting room, toilets and staff and storage facilities. In addition a dedicated decontamination room is available on the first floor of the practice.

Mr Crutchley works alongside one other dentist. They are supported by a team of staff including Ms Holland, dental nurse/receptionist and nursing staff.

Mr Crutchley has been the registered provider and manager of Crutchley Dental Practice since initial registration with RQIA on the 24 January 2013.

The establishment's statement of purpose outlines the range of services provided.

The practice is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of Crutchley Dental Practice was undertaken by Stephen O'Connor on 22 December 2014 between the hours of 09:55 and 12:45. Mr Crutchley, registered provider was available during part of the inspection and for some verbal feedback at the conclusion of the inspection. The inspection was facilitated by Ms Holland, dental nurse/receptionist. Verbal feedback was given to Ms Holland at the conclusion of the inspection.

The five requirements and 15 recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that two of the five requirements and two of the 15 recommendations have been addressed and compliance achieved. Compliance with a further two requirements and two recommendations could not be demonstrated during the inspection as documentation was not available for review.

Two requirements stated for the third time during the previous inspection in relation to policies and procedures and radiation protection issues have not been addressed.

Given that these requirements had been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. These requirements have been stated for a fourth and final time. As a result of the findings of this inspection, additional components have been included in the requirement made in regards to policies and procedures. The additional components are to develop policies and procedures in relation to the management and disposal of waste, and the development of a freedom of information publication scheme.

The requirement made as a result of the previous inspection in relation validation of decontamination equipment has been restated as a result of the findings of this inspection.

Observations and discussion demonstrated that 13 of the 15 recommendations made during the previous inspection have either not been addressed or have not been fully addressed. The recommendations made in relation to staff training records, the refurbishment of the reception and waiting areas, the ventilation system in the decontamination room, retention of records in regards to the testing, servicing, maintenance and repair of instruments, the waste outlets on the manual cleaning and rinsing sinks, establishment of a manual cleaning procedure, maintaining the steam sterilisers clean, and establishing a system to record the pressure achieved for the identified steam steriliser have all been stated for the second time. As previously discussed the recommendation made to establish a freedom of information publication scheme has been incorporated into an overarching requirement about policies and procedures. The recommendations made in relation to the patient guide, the statement of purpose, cycle parameters of decontamination equipment and machine logbooks are now stated as requirements.

Inability to demonstrate compliance and the lack of progress in relation to addressing the previous requirements and recommendations was disappointing to note. Mr Crutchley and Ms Holland were informed of the need to continue progressing the requirements and recommendations as outlined in the Quality Improvement Plan (QIP). The inspector advised Mr Crutchley that a continued lack of progress could lead to enforcement action being taken. The outcome of the review of the previous requirements and recommendations is detailed in the section following this summary.

Mr Crutchley and Ms Holland were informed of the necessity to retain documents pertaining to the daily running of the practice for review by inspectors in order to demonstrate adherence to relevant legislation and compliance with minimum standards and for ease of access for staff. A recommendation was made that all records pertaining to the practice are retained at the practice for review.

Prior to the inspection, Mr Crutchley completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Crutchley in the self-assessment were not altered in any way by RQIA. Mr Crutchley did not rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments. The self-assessment is included as appendix one in this report.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; three were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme. Staff confirmed on the submitted questionnaires that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been 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, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 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.

RQIA reviewed the compliance of the decontamination aspect of HTM 01-05 in the 2013/2014 inspection year. The focus of the inspection for the 2014/2015 inspection year is cross infection control. A number of aspects of the decontamination section of HTM 01-05 have also been revisited.

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. The practice audits compliance on an ongoing basis.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. A recommendation was made that records should be retained regarding the Hepatitis B immunisation status of all clinical staff. Review of documentation and discussion with Mr Crutchley and staff evidenced that arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of, and are adhering to, the practice policy in this regard. In general sharps management at the practice was observed to be in line with best practice.

In general the premises were clean and tidy and clutter was kept to a minimum. A recommendation was made stated for the second time that the steam sterilisers should be cleaned and maintained clean at all times. Arrangements are in place for the cleaning of the general environment and dental equipment. A recommendation was made to further develop the environmental cleaning policy, to ensure sufficient cleaning equipment is available for the different areas of the practice and that more attention to detail should be paid to cleaning the decontamination room.

A number of issues were identified in relation to the finished walls/ceilings and flooring in the clinical areas and the waiting and reception area. Recommendations were made to address the identified issues.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. The stainless steel hand washing basins in the dental surgeries had overflows and plugs. This is not in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 and a recommendation was made to address this. Information promoting hand hygiene is provided for staff and patients.

The legionella risk assessment was not available for review; a recommendation was made to further develop legionella control measures. A recommendation stated for the second time has been made that records pertaining to the testing, servicing, maintenance and repair of instruments should be retained at the practice for at least two years, and that a procedure should be developed in this regard. Observations made and discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this.

Observations made confirmed that PPE was readily available and used appropriately by staff.

Arrangements were in place for the management of general and clinical waste, including sharps. A policy and procedure on the management and disposal of waste in keeping with HTM 07-01 could not be located during the inspection. Development of a waste policy has been incorporated into an overarching requirement about policies and procedures. Sharps containers suitable for pharmaceutical waste are not available in this practice and Mr Crutchley confirmed that partially discharged anaesthetic cartridges are purposefully discharged into the sink prior to disposal in a sharps container suitable for general sharps waste. This is not in keeping with best practice guidance and a recommendation was made to address this. Suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. A number of issues were identified in relation to the decontamination room, the walls and ceiling are wallpapered with a woodchip wallpaper that has been painted, a section of the ceiling is missing exposing the original wattle and daub plaster, a make-up ventilation system has not been installed, the waste outlets of the draining and washing sinks are not in keeping with best practice, a manual cleaning procedure has not been established and an illuminated magnification device is not used to inspect instruments following cleaning in the washer disinfector and prior to sterilisation. Recommendations were made to address the identified issues.

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. During this inspection Ms Holland confirmed that the equipment used during the decontamination process was validated during October 2013, however documentation confirming this was not available for review, and revalidation of these machines would have been due during October 2014. A requirement stated for the second time has been made to address this.

A number of issues were identified in relation to decontamination equipment as follows, no recording of information in regards to the washer disinfector for a significant period of time, no system to record the cycle parameters of the washer disinfector and steam sterilisers, all details of the daily automatic control test for the steam steriliser are not recorded, and staff are unable to verify the pressure achieved for the steam steriliser. Two requirements and one recommendation have been made to address these issues.

During this inspection it was established that trainee dental nurses are responsible for the decontamination of reusable dental instruments. It was also established that the most recent occasion that the practice facilitated infection prevention and control and decontamination training was during October 2012. As a result of these matters and the number of issues identified during this inspection in regards to infection prevention and control and the decontamination of reusable dental instruments a requirement has been made to ensure that all staff employed in or for the purposes of the practice receive refresher training in infection control and decontamination.

Mr Crutchley confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals. Mr Crutchley also confirmed that feedback provided by patients has not been used by the service to improve, and that results of the consultation have not been made available to patients. A requirement has been made in regards to the procedure for consulting with patients.

During the pre-registration inspection on the 11 May 2012, requirements were made in relation to radiation protection and the establishment/further development of policies and procedures. Compliance with the requirements was not demonstrated during subsequent inspections on the 25 July 2012, the 27 September 2013 and during this inspection.

As a result of the lack of progress in addressing previous requirements and recommendations and the serious issues which were identified during this inspection RQIA has concerns in regards to the governance and oversight arrangements in this practice. A requirement has been made in this regard.

These matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr R Crutchley, registered provider was invited to attend this meeting at RQIA on 23 January 2015.

The evidence gathered through the inspection process concluded that Crutchley Dental Practice is moving towards compliance with this inspection theme.

Ten requirements and sixteen recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). Seven of the ten requirements and eight of the seventeen recommendations made relate to the previous inspections and Mr Crutchley was informed of the need to progress these matters to ensure continued compliance is achieved.

The inspector wishes to thank Mr Crutchley, Ms Holland and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	9A(1)(f)	<p>Implement written statements of the policies to be applied and the procedures to be followed in or for the purposes of the practice in relation to:</p> <ul style="list-style-type: none"> • safeguarding children – further develop the policy which is in place to include types and indicators of abuse; • safeguarding vulnerable adults; • records management including freedom of information and records retention timescales; • Infection prevention and control and decontamination; and • complaints. 	<p>Review of the safeguarding children's policy demonstrated that it does not include the indicators of abuse.</p> <p>A safeguarding vulnerable adults policy was not available for review.</p> <p>The safeguarding of patients records policy does not make reference to freedom of information, records retention timescales, or information on how records should be disposed of.</p> <p>The infection prevention and control and decontamination policy has not been updated since the previous inspection.</p> <p>Although the practice has policies for complainants in relation to both NHS and private patients these policies lack detail and do not reflect best practice guidance.</p> <p>This requirement has not been addressed. A requirement was made during this inspection to establish a robust system to review the policies and procedures in keeping with legislative requirements and best practice guidance on an annual basis. With an immediate review to be undertaken on the policies listed above. A further component was included in this requirement in relation to the development of a waste management policy.</p>	Not compliant

			<p>Given that this requirement has been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. The requirement is assessed not compliant and has been stated for a fourth and final time.</p>	
2	15(2)(a)(b)	<p>Ensure that the following issues identified regarding radiation protection with the practice are addressed:</p> <ul style="list-style-type: none"> • x-ray equipment including the developer should be maintained in line with the manufacturer's guidance; • ensure that the recommendations made by the appointed RPA are addressed; and • ensure that all staff who work as referrer, practitioner or operator have received training appropriate to their relevant roles. 	<p>Ms Holland confirmed that a new x-ray developer was installed approximately six months ago, and therefore this machine would not require servicing at this time. The inspector was unable to assess if the issues identified in this requirement have been addressed as the radiation protection file containing all relevant information pertaining to radiation protection was not available for review. Mr Crutchley confirmed that he had the radiation protection file at home.</p> <p>Compliance could not be demonstrated during this inspection.</p> <p>A recommendation was made during this inspection to ensure that all records pertaining to the practice are retained at the practice for review by inspectors and for ease of staff reference. Additional information in this regard can be found in section 11.4 of this report.</p> <p>Given that this requirement has been stated for a third time, enforcement action was considered in discussion with</p>	Not compliant

			<p>the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. The requirement is assessed as not compliant and has been stated for a fourth and final time.</p>	
3	17	<p>A method for consulting with patients must be implemented.</p> <p>Following completion of the consultation period a summary of the consultation findings should be made available to patients and included in the patient guide.</p>	<p>Ms Holland confirmed that during January 2014 100 patient satisfaction surveys were distributed to patients over a limited period of time. Ms Holland confirmed that no completed patient satisfaction surveys were returned therefore a report was not generated. The inspector discussed ways in which the practice could encourage patients to complete patient satisfaction surveys.</p> <p>This requirement has been addressed. A requirement was made during this inspection to review the procedure for consulting with patients. Consideration should be given to methods other than patient satisfaction surveys to elicit patient's feedback. Following completion of the consultation period a summary of the consultation findings should be made available to patients and included in the patient guide.</p>	Compliant
4	15(4)	<p>Endodontic reamers and files should be treated as single use and discarded following use.</p>	<p>Mr Crutchley and staff confirmed that endodontic reamers and files are treated as single use.</p> <p>This requirement has been addressed.</p>	Compliant
5	15(2)(b)	<p>The washer disinfectant and sterilisers must be validated and arrangements put in</p>	<p>Ms Holland confirmed that the washer disinfectant and steam sterilisers were validated week commencing the 14 October</p>	Not compliant

		<p>place to ensure annual revalidation thereafter.</p>	<p>2013. However, documentation confirming this was not available for review. This equipment would have been due revalidation during October 2014.</p> <p>Compliance could not be demonstrated during this inspection and as the equipment validation is now overdue this requirement has been stated for the second time.</p>	
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	11.4	Records of staff training to include the content of the training delivered and the name of the person who delivered the training must be maintained and available for inspection.	<p>Training records where available for fire protection and basic life support training delivered during June 2012 and Infection prevention and control training delivered during October 2012. No additional training has been delivered/facilitated by the practice since October 2012. The training records retained did not include the content of the training delivered or the name of the person delivering the training.</p> <p>Additional information in regards to staff training can be found in section 11.3 of this report.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	Not compliant
2	14	The on-going refurbishment of the practice should continue and include the reception and waiting room areas.	<p>Ms Holland confirmed that the reception and waiting area was repainted earlier this year. However, the issues identified during the previous inspection have not been addressed.</p> <p>This recommendation has not been fully addressed and is stated for the second time.</p>	Moving towards compliance
3	1	<p>Forward a copy of the patient guide to RQIA when returning the Quality Improvement Plan.</p> <p>The patient guide should reflect regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p>A copy of the patient guide was not forwarded to RQIA on return of the previous Quality Improvement Plan. The patient guide was not available for review during this inspection.</p> <p>Compliance could not be demonstrated during this inspection. A requirement has been made to address this.</p>	Not compliant

4	1	Forward a copy of the statement of purpose to RQIA when returning the Quality Improvement Plan.	<p>A copy of the statement of purpose was not forwarded to RQIA on return of the previous Quality Improvement Plan. The statement of purpose was not available for review during this inspection.</p> <p>Compliance could not be demonstrated during this inspection. A requirement has been made to address this.</p>	Not compliant
5	10	A freedom of information publication scheme should be developed.	<p>Ms Holland confirmed that a Freedom of Information publication scheme has not been developed.</p> <p>This recommendation has not been addressed. The development of a freedom of information publication scheme has been incorporated into the overarching requirement made in regards to policies and procedures.</p>	Not compliant
6	14.2	<p>Contact health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room.</p> <p>Any recommendations made should be addressed and records retained.</p>	<p>Mr Crutchley stated that he has not made contact with health estates. It was observed that the ventilation system in the decontamination room is not in keeping with best practice guidance as outlined in HTM 01-05 as make-up air is not available.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	Not compliant
7	13	To ensure effective cleaning can be undertaken notice boards and notices in the decontamination room should be impervious to moisture.	<p>It was observed that the decontamination room does not have a notice board. Notices displayed in the decontamination room are wipe clean.</p> <p>This recommendation has been addressed.</p>	Compliant
8	13	Contact the hand piece manufacturer to establish how the hand piece should be cleaned.	A trainee dental nurse confirmed that all compatible dental handpieces are being cleaned in the washer	Compliant

		Any recommendations made should be implemented into practice.	<p>disinfector prior to sterilisation.</p> <p>This recommendation has been addressed.</p>	
9	13	Records pertaining to the testing, servicing, maintenance and repair of instruments should be retained at the practice for at least two years.	<p>Ms Holland confirmed that Mr Crutchley deals with instruments that leave the practice for repair and that records pertaining to the testing, servicing, maintenance and repair of instruments are not retained.</p> <p>This recommendation has not been addressed and it is stated for the second time. A policy and procedure for the testing, servicing, maintenance and repair of instruments has not been established and this has been incorporated into this recommendation.</p>	Not compliant
10	13	The waste outlets on the draining and washing sinks in the decontamination room must be changed to allow the washing sink to have a plug inserted.	<p>It was observed that the waste outlets of the manual cleaning and rinsing sinks do not allow for a plug to be inserted.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	Not compliant
11	13	A manual cleaning procedure must be developed in line with best practice to guide and direct staff.	<p>The trainee dental nurse was not aware of a formal manual cleaning procedure. A manual cleaning procedure was not available for review during the inspection.</p> <p>This recommendation has not been addressed and is stated for the second time.</p>	Not compliant
12	13	<p>Establish a system to record the cycle parameters of the washer disinfector.</p> <p>Once established a system to review the information on a regular basis must be introduced.</p>	<p>The trainee dental nurse confirmed that there is no system in place to record the cycle parameters of the washer disinfector or the steam sterilisers.</p> <p>This recommendation has not been addressed and it is now stated as a requirement, a</p>	Not compliant

			system to record the cycle parameters of the steam sterilisers has also been incorporated into the requirement.	
13	13	The identified steam steriliser should be cleaned and maintained clean at all times.	<p>It was observed that both steam sterilisers had a layer of dust; this was brought to the attention of the trainee dental nurse.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	Not compliant
14	13	A separate logbook should be established for each piece of equipment used in the decontamination process.	<p>It was observed that pre-printed logbooks are available for each piece of equipment used in the decontamination process. Review of the washer disinfectant logbook demonstrated that it had not been completed between the 29 September 2013 and the 15 December 2014, and that a soil test is not undertaken. Review of the steam steriliser logbook demonstrated that all the details of the daily automatic control test are not recorded as staff are unable to establish the pressure achieved for the identified steriliser.</p> <p>This recommendation has been partially addressed. A requirement was made during this inspection in regards to machine logbooks and the periodic testing regime. Additional information can be found in section 10.7 of this report.</p>	Moving towards compliance
15	13	Establish a system to record the pressure achieved for the identified steriliser.	The trainee dental nurse confirmed that the pressure achieved can be evidenced from the visual display for one of the steam sterilisers, however, this steriliser requires repair and is not currently available for use.	Not compliant

			<p>Staff are unable to establish the pressure achieved for the steam steriliser in daily use.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	
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10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care)

The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.

Criteria Assessed:

11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.

13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.

13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.

Inspection Findings:

Mr Crutchley omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.

Ms Holland confirmed that no new staff have commenced work in the practice in approximately four years, however she confirmed that the prevention and management of blood-borne virus exposure would be included in the staff induction programme should new staff commence work in the future.

Mr Crutchley confirmed that staff have verbally informed him of their Hepatitis B immunisation status, however records confirming the Hepatitis B immunisation status of clinical staff are not retained. A recommendation was made to address this.

Mr Crutchley confirmed that in the future newly recruited staff will receive an occupational health check.

Review of records and discussion with Mr Crutchley demonstrated that infection prevention and control training which included training on the prevention and management of blood-borne virus exposure was last delivered during October 2012.

Discussion with staff confirmed that they are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are safely positioned to prevent unauthorised access, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Substantially compliant

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service's premises are clean.</p>
<p>Inspection Findings:</p> <p>Mr Crutchley omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this is further developed to include the arrangements for the contracted cleaner and the roles and responsibilities of the practice staff.</p> <p>The inspector undertook a tour of the premises to include the two dental surgeries and the decontamination room; these areas with the exception of the decontamination room were found to be maintained to a good standard of cleanliness. As discussed previously the steam sterilisers were observed to have a layer of dust and a recommendation stated for the second time was made in this regard.</p> <p>A number of issues were identified in regards to the decontamination room, dental surgeries and the reception area as follows;</p> <ul style="list-style-type: none"> • a section of the ceiling in the decontamination room has been removed, exposing the original wattle and daub plaster; • the walls and ceilings in both dental surgeries and the decontamination room are wallpapered with woodchip wallpaper that has been painted; • a section of wallpaper is coming away from the ceiling in surgery one; • a section of wallpaper in surgery three is missing below the window exposing the bare plaster wall, which is wet to touch; • the area of wall surrounding the window in the main reception area appears to be damp; and • although impervious the floors are not coved or sealed at the edges in the clinical areas. <p>These issues were discussed with Mr Crutchley. Mr Crutchley confirmed that the ceiling in the decontamination room was taken down approximately three weeks prior to this inspection as it was wet and had the potential to collapse. Mr Crutchley confirmed that the roof of the building has recently been replaced and that repair works have been undertaken to a pipe in the attic that had leaked causing further water damage. Remedial works already completed should address the damp issues. Recommendations were made to address the issues identified above.</p> <p>The use of wallpaper in clinical areas should be avoided. In keeping with finished wall surfaces as outlined in the 2013 edition of HTM 01-05 the use of joints in clinical areas should be avoided,</p>

finished wall surfaces should be impervious, tolerate the use of cleaning agents and frequent cleaning. A recommendation was made in relation to the use of wallpaper in the decontamination room. The inspector advises that on next refurbishment of the dental surgeries the use of wallpaper should be avoided.

In general fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. As discussed previously a recommendation was made in regards to maintaining the steam sterilisers clean. A layer of dust and debris was observed on top of pipe work in the decontamination room. This pipework is directly below the section of missing ceiling. A recommendation was made that more attention to detail should be paid to cleaning the decontamination room.

Discussion with staff confirmed that arrangements are in place for cleaning including:

- Equipment surfaces, including the dental chair, are cleaned between each patient;
- Daily cleaning of floors, cupboard doors and accessible high level surfaces;
- Cleaning equipment is colour coded;
- Cleaning equipment is stored in a non-clinical area; and
- Dirty water is disposed of at an appropriate location.

It was observed that two mops and mop buckets were available and Ms Holland confirmed that they are used in all areas of the practice. Best practice guidance in regards to colour coded cleaning equipment was discussed with Ms Holland. A recommendation was made to ensure that sufficient equipment is available to clean the different designated areas within the practice in accordance with the National Patient Safety Agency.

Staff confirmed on submitted questionnaires that they had received relevant training to undertake their duties.

The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Moving towards compliance

10.3 Hand Hygiene

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criteria Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Crutchley omitted to rate the practice arrangements for hand hygiene on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Ms Holland confirmed that hand hygiene would be included in the induction programme, and staff confirmed on submitted questionnaires that they have received training in hand hygiene relevant to their roles.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel hand washing basins in the dental surgeries had overflows and plugs. This is not in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 and a recommendation was made to address this. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially compliant</p>

10.4 Management of Dental Medical Devices

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Crutchley omitted to rate the practice approach to the management of dental medical devices on the self-assessment.</p> <p>As discussed previously a recommendation was made, stated for the second time that records pertaining to the testing, servicing, maintenance and repair of instruments should be retained at the practice for at least two years. A procedure for the use, maintenance, service and repair of all medical devices should be developed.</p> <p>Ms Holland confirmed that the legionella risk assessment was undertaken by an external contractor; however the risk assessment was not available for review during the inspection. Mr Crutchley confirmed that following this legionella risk assessment remedial works were undertaken to address the issues identified. A recommendation was made in regards to the legionella risk assessment and the implementation of control measures to further reduce the risk of legionella.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.</p> <p>Observations made and discussion with Mr Crutchley and staff confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer’s instructions; • An independent bottled-water system is used to dispense bottled water to supply the DUWLs in surgery three; • Self-contained water bottles are removed, flushed with the bottled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • Water supply to the DUWLs in surgery one is provided through the direct mains water supply. Mr Crutchley confirmed on discussion that there is a physical air gap separating DUWLs from mains water systems; • DUWLs are drained at the end of each working day in surgery three; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer’s recommendations.

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially compliant</p>

10.5 Personal Protective Equipment

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Crutchley omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Ms Holland confirmed that the use of PPE would be included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>Staff confirmed that they were aware of the practice uniform policy.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Compliant</p>

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p>Inspection Findings: Mr Crutchley omitted to rate the practice approach to the management of waste on the self-assessment. A policy and procedure on the management and disposal of waste in keeping with HTM 07-01 could not be located during the inspection. The development of a waste disposal policy has been incorporated into an overarching requirement made in regards to policies and procedures. Ms Holland confirmed that the management of waste would be included in the induction programme. Staff confirmed on submitted questionnaires that they have received training on the management of waste. Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years. Observations made and discussion with staff confirmed that they are aware of the different types of waste and appropriate disposal streams. Pedal operated bins are available throughout the practice. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. The inspector observed adequate provision of sharps containers suitable for general clinical waste throughout the practice. Sharps containers suitable for pharmaceutical waste have not been provided. This was discussed with Mr Crutchley who confirmed that partially discharged anaesthetic cartridges are purposefully discharged into the sink before being disposed of in the general sharps containers. This is not in keeping with best practice guidance and a recommendation was made to address this.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Moving towards compliance</p>

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings: Mr Crutchley omitted to rate the decontamination arrangements of the practice on the self-assessment.</p> <p>Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. On the day of inspection only one of the steam sterilisers was in working order, the other steriliser was awaiting repair. As discussed previously a system has not been established to record the cycle parameters of the washer disinfector or the steam sterilisers and a requirement has been made to address this.</p> <p>An illuminated magnification device is not available to inspect instruments following cleaning and prior to sterilisation. This is not in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05. Mr Crutchley confirmed that the illuminated magnification device had stopped working and that it had not been replaced. A recommendation was made to address this.</p> <p>As discussed previously Ms Holland confirmed that the washer disinfector and steam sterilisers were validated week commencing the 14 October 2013. However, documentation confirming this was not available for review and this equipment would have been due revalidation during October 2014. A requirement stated for second time has been made in this regard.</p> <p>Pre-printed logbooks are available for each piece of equipment used in the decontamination process. Review of the washer disinfector logbook demonstrated that between the 29 September 2013 and the 15 December 2014 no entries were made in the logbook, and a trainee dental nurse confirmed that a soil test in not undertaken on the washer disinfector. A requirement was made that the registered provider must ensure that periodic tests are undertaken in accordance with the manufacturer’s instructions and best practice as outlined in HTM 01-05, for all equipment used during the decontamination process. Results of periodic tests must be recorded in the machine logbooks.</p> <p>Review of the steam steriliser logbook demonstrated that not all the details of the daily automatic control test (ACT) are recorded, i.e. the pressure achieved. As discussed previously this is because staff are unable to verify the pressure achieved in regards to the identified steam steriliser. A recommendation stated for the second time has been made to address this.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Moving towards compliance</p>

Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Compliance Level
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Ms Holland, dental nurse/receptionist and two trainee dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were knowledgeable regarding the inspection theme. Staff confirmed that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Crutchley confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals. However, Mr Crutchley also confirmed that feedback provided by patients has not been used by the service to improve, and that results of the consultation have not been made available to patients.

As discussed previously, Ms Holland confirmed that during January 2014 100 patient satisfaction surveys were distributed to patients over a limited period of time. Ms Holland confirmed that no completed patient satisfaction surveys were returned to the practice therefore a report was not generated. The inspector discussed ways in which the practice could encourage patients to complete patient satisfaction surveys. A requirement was made during this inspection to review the procedure for consulting with patients. Consideration should be given to methods other than patient satisfaction surveys to elicit patient's feedback. Following completion of the consultation period a summary of the consultation findings should be made available to patients and included in the patient guide.

11.3 Staff Training

As previously discussed a number of issues of concern were identified during this inspection in relation to general infection control and decontamination arrangements.

Discussion with staff demonstrated that only one registered dental nurse is employed in this practice and that this dental nurse primarily works on reception. The decontamination of reusable dental instruments is undertaken by trainee dental nurses. Mr Crutchley confirmed that the most occasion the practice facilitated infection prevention and control training including decontamination was during October 2012. Given the issues identified during this inspection, the number of registered dental nurses in the practice and that refresher training has not been provided by the practice in over two years a

requirement was made to ensure that all staff employed in or for the purposes of the practice receive refresher training in infection prevention and control and decontamination.

As discussed in section 9.0 of this report a recommendation was made stated for the second time that records of staff training to include the content of the training delivered and the name of the person who delivered the training must be maintained and available for inspection.

11.4 Records and Documentation

As discussed in section 9.0 of this report a number of documents such as the patient guide, statement of purpose, records/documentation in relation to radiology, the legionella risk assessment, and validation certificates were not available during this inspection for review.

The inspector discussed with Ms Holland the necessity to retain documents pertaining to the practice at the practice for staff reference and review by inspectors. A recommendation was made to ensure that all records pertaining to the practice are retained at the practice for ease of staff reference and that they are available for inspection.

11.5 Governance and oversight arrangements

As a result of the lack of progress in addressing previous requirements and recommendations and the serious issues which were identified during this inspection RQIA has concerns in regards to the governance and oversight arrangements in this practice. The issues identified by the inspector should have been identified through the practices governance and oversight arrangements.

Immediate action is needed to ensure that the expected standards of practice are being implemented at all times and to ensure that the required improvements are fully implemented and are consistently sustained. A requirement has been made in this regard.

11.6 Serious Concerns

As a result of the lack of progress in addressing previous requirements and recommendations and the serious issues which were identified during this inspection these matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr R Crutchley, registered provider was invited to attend this meeting at RQIA on the 23 January 2015.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Crutchley and Ms Holland as part of the inspection process.

The timescales for completion commence from the date of inspection.

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:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Stephen O'Connor
Inspector/Quality Reviewer

Date



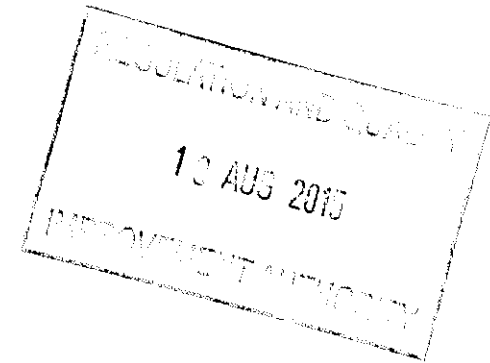
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Crutchley R J Dental Practice

22 December 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 Holland 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.

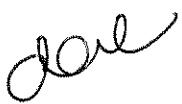

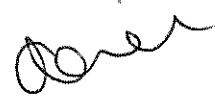
STATUTORY REQUIREMENTS

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	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 9A (1) (f)	Establish a robust system to ensure that policies and procedures are reviewed in keeping with legislative requirements and best practice guidance on an annual basis. An immediate review should be undertaken in regards to the following policies and procedures: <ul style="list-style-type: none"> • safeguarding children – further develop the policy to include the types and indicators of abuse; • develop a safeguarding vulnerable adults policy and procedure; • further develop the records management policy and procedure to include freedom of information and records retention timescales; • Infection prevention and control and decontamination; • Further develop the complaints policies in relation to NHS and private complaints; and • develop a policy and procedure on the management and disposal of waste in keeping with HTM 07-01. Ref: 9.0 & 10.6	Four Given that this requirement has been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. The requirement is assessed not compliant and has been stated for a fourth and final time.		Three months

2	15(2)(a)(b)	<p>Ensure that the following issues identified regarding radiation protection with the practice are addressed:</p> <ul style="list-style-type: none"> • x-ray equipment including the developer should be maintained in line with the manufacturer's guidance; • ensure that the recommendations made by the appointed RPA are addressed; and • ensure that all staff who work as referrer, practitioner or operator have received training appropriate to their relevant roles. <p>Ref: 9.0</p>	<p>Four Given that this requirement has been stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. The requirement is assessed as not compliant and has been stated for a fourth and final time.</p>	<p><i>done</i></p>	Two months
3	13 (1)	<p>The registered person must ensure that governance and oversight arrangements are implemented immediately to ensure that the expected standards of practice are being implemented at all times and to ensure that the required improvements are fully implemented and are consistently sustained.</p> <p>Ref: 11.5</p>	One	<p><i>done</i></p>	One month

4	17	<p>Review the procedure for consulting with patients. Consideration should be given to methods other than patient satisfaction surveys to elicit patient's feedback.</p> <p>Following completion of the consultation period a summary of the consultation findings should be made available to patients and included in the patient guide.</p> <p>Ref: 9.0 & 11.2</p>	One	<p><i>ongoing</i></p>	Three months
5	15 (2) (b)	<p>The washer disinfecter and sterilisers must be validated and arrangements put in place to ensure annual revalidation thereafter.</p> <p>Ref: 9.0 & 10.7</p>	Two	<p><i>done</i></p>	Three months
6	15 (2) (a)	<p>Establish a system to record the cycle parameters of the washer disinfecter and the steam sterilisers.</p> <p>Once established a system to review the information on a regular basis must be introduced.</p> <p>Ref: 9.0 & 10.7</p>	One	<p><i>New system + loggers ordered</i></p>	Three months
7	15 (2) (b)	<p>The registered provider must ensure that periodic tests are undertaken in accordance with the manufacturer's instructions and best practice as outlined in HTM 01-05, for all equipment used during the decontamination process. Results of periodic tests must be recorded in the machine logbooks.</p> <p>Ref: 10.7</p>	One	<p><i>ongoing</i></p>	One month




8	8	<p>The patient guide must contain all the information as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>A copy of the patient guide must be forwarded to RQIA on completion.</p> <p>Ref: 9.0</p>	One		On return of the Quality Improvement Plan
9	7	<p>The statement of purpose must contain all the information as outlined in regulation 7 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>A copy of the statement of purpose must be forwarded to RQIA on completion.</p> <p>Ref: 9.0</p>	One		On return of the Quality Improvement Plan
10	18 (2) (a)	<p>Ensure that all staff employed in or for the purposes of the practice receive refresher training in infection control and decontamination.</p> <p>Ref: 11.3</p>	One		Three months

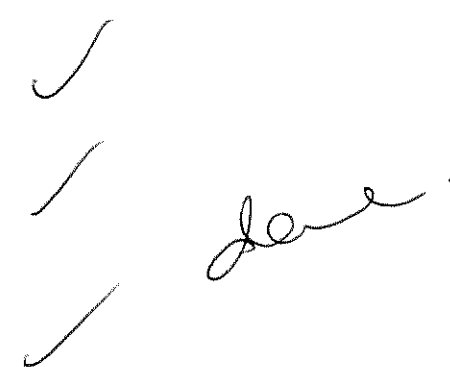

RECOMMENDATIONS

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.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	11.4	Records of staff training to include the content of the training delivered and the name of the person who delivered the training must be maintained and available for inspection. Ref: 9.0 & 11.3	Two	<i>ongoing</i>	Immediate and on-going
2	8.5	Ensure that all records pertaining to the practice are retained at the practice for review by inspectors and for ease of staff reference. Ref: 11.4	One	<i>done - in filing cabinets</i>	Immediate and on-going
3	14	The on-going refurbishment of the practice should continue and include the reception and waiting room areas. Ref: 9.0	Two	<i>painted</i>	Six months
4	14.2	Contact health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room. Any recommendations made should be addressed and records retained. Ref: 9.0	Two		Three months
5	13	Records pertaining to the testing, servicing, maintenance and repair of instruments should be retained at the practice for at least two years.	Two	<i>ongoing</i>	Immediate and on-going

		A procedure for the use, maintenance, service and repair of all medical devices should be developed. Ref: 9.0& 10.4		✓	
6	13	The waste outlets on the draining and washing sinks in the decontamination room must be changed to allow the washing sink to have a plug inserted. Ref: 9.0	Two	done	Two months
7	13	A manual cleaning procedure must be developed in line with best practice to guide and direct staff. Ref: 9.0	Two	done	Two months
8	13	The steam sterilisers should be cleaned and maintained clean at all times. Ref: 9.0	Two	done	Immediate and on-going
9	13	Establish a system to record the pressure achieved for the identified steriliser. Ref: 9.0	Two	done	Two months
10	13	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff. Ref 10.1	One	done	Three months
11	13	The following issues in relation to environmental cleaning should be addressed: <ul style="list-style-type: none"> • The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for the contracted cleaner and the roles and responsibilities of the practice staff; • ensure that sufficient equipment is available to 	One	done	Three months

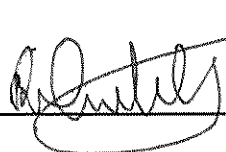
		<p>clean the different designated areas within the practice in accordance with the National Patient Safety Agency; and</p> <ul style="list-style-type: none"> • more attention to detail should be paid to cleaning the decontamination room. <p>Ref 10.2</p>			
12	13	<p>The following issues in relation to the environment must be addressed:</p> <ul style="list-style-type: none"> • undertake remedial works to repair the damaged ceiling in surgery one and the decontamination room; • identify the root cause of the damp near the windows in the reception area and surgery three and repair same; • the floors in all clinical areas should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry; and • the wallpaper in the decontamination room must be removed/clad over, finished surfaces must be impervious and easily cleaned. <p>Ref: 10.2</p>	One		Four months
13	13	<p>The overflows of the stainless steel hand washing basins in the dental surgeries should be blanked off using a stainless steel plate sealed with antibacterial mastic and the plugs should be removed.</p> <p>Ref: 10.3</p>	One		Three months
14	13	<p>The following issues in relation to legionella should be addressed:</p> <ul style="list-style-type: none"> • the legionella risk assessment should be retained in the practice; • further develop the control measures to reduce 	One		Three months

		the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and retain records for inspection.			
		Ref: 10.4			
15	13	<p>The following issues in regards to sharps containers should be addressed:</p> <ul style="list-style-type: none"> sharps containers suitable for the disposal of pharmaceutical waste should be provided; and the practice of purposefully discharging anaesthetic cartridges into sink so that the empty cartridge can be disposed of in the general sharps containers should cease immediately; and partially discharged anaesthetic cartridges should be disposed of in a sharps container suitable for pharmaceutical waste. 	One		One month
		Ref: 10.6			
16	13	<p>An illuminated magnification device should be in place and used to inspect instruments following cleaning as part of the decontamination process.</p>	One		One month
		Ref: 10.7			

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

REGULATORY AUTHORITY
 10 AUG 2015
 THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

SIGNED: 

NAME: LCURTHAY
 Registered Provider

DATE 17-8-15

SIGNED: 

NAME: MANAGER AT DENTAL
 Registered Manager

DATE 17-8-15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		STEPHEN O'CONNOR	25.08.15
B	Further information requested from provider		✓	STEPHEN O'CONNOR	25.08.15