

## **Unannounced Inspection**

<b>Name of Establishment:</b>	<b>Crutchley R J Dental Practice</b>
<b>Establishment ID No:</b>	<b>11421</b>
<b>Date of Inspection:</b>	<b>23 March 2015</b>
<b>Inspectors' Names:</b>	<b>Stephen O'Connor &amp; Carmel McKeegan</b>
<b>Inspection No:</b>	<b>21222</b>

**The Regulation and Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of establishment:</b>	Crutchley R J Dental Practice
<b>Address:</b>	48 Castlereagh Road Belfast BT5 5FP
<b>Telephone number:</b>	028 9045 9018
<b>Registered organisation / registered provider:</b>	Richard Crutchley
<b>Registered manager:</b>	Richard Crutchley
<b>Person in charge of the establishment at the time of Inspection:</b>	Ms Alison Holland
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	2
<b>Date and type of previous inspection:</b>	Announced Inspection 22 December 2014
<b>Date and time of inspection:</b>	23 March 2015 12:05 – 13:15
<b>Name of inspectors:</b>	Stephen O'Connor Carmel Mc Keegan

## **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 an unannounced inspection which was undertaken 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 aim of this announced inspection was to monitor the improvements made following the announced inspection undertaken on 22 December 2014 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.

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

#### **4.0 Methods/Process**

- Discussion with Ms Holland, dental nurse/receptionist.
- Examination of relevant records.
- Consultation with relevant staff.
- Tour of the premises.
- Evaluation and feedback.

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

#### **5.0 Inspection Focus**

The inspection sought to establish the level of compliance with the Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment 2011.

The purpose of this inspection was to monitor and ensure that the serious concerns and issues identified during the previous inspection, which was undertaken on 22 December 2014, have been addressed.

## **6.0 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).

## 7.0 Summary of Inspection

This unannounced inspection of Crutchley R J Dental Practice was undertaken by Stephen O'Connor and Carmel McKeegan on 23 March 2015 between the hours of 12:05 and 13:15. On arrival at the practice Ms Holland, dental nurse/receptionist informed the inspectors that Mr Crutchley was on unplanned leave. Ms Holland contacted Mr Crutchley via telephone at the beginning of the inspection and informed him that an inspection was about to commence. The inspection was facilitated by Ms Holland who was available for verbal feedback at the conclusion of the inspection.

The purpose of this inspection was to monitor and ensure that the serious issues identified during the previous inspection, which was undertaken on 22 December 2014, have been addressed.

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

The focus of the inspection was to review the issues arising from the previous inspection. Ten requirements and 16 recommendations were made as a result of the announced inspection undertaken on the 22 December 2014. Review of the arrangements in place to address these requirements and recommendations demonstrated that no progress has been made towards achieving compliance.

Two requirements made previously in regards to the establishment and review of specified policies and procedures and to address issues in relation to radiology and radiation safety had not been addressed. These requirements had been stated for the fourth time during the previous inspection.

Following the inspection, these matters were escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr Crutchley attended this meeting at RQIA on 24 April 2015. During this meeting a decision was taken to issue failure to comply notices to Mr Crutchley, one in relation to policies and procedures and one in relation radiology and radiation safety.

Three requirements and six recommendations had been made previously in relation to the decontamination of reusable dental instruments. The requirements made were to validate decontamination equipment, establish a system to record cycle parameters of decontamination equipment and ensure periodic tests are undertaken in keeping with HTM 01-05. The recommendations made were in regards to the ventilation system in the decontamination room, retaining records pertaining to the repair, servicing and maintenance of instruments, the waste outlets in the draining and rinsing sinks, to develop a manual cleaning procedure, to maintain the sterilisers clean, to ensure the pressure achieved for the identified steriliser is recorded and

provide an illuminated magnification device. None of the three requirements and the six recommendations had been addressed.

Dental practices in Northern Ireland were directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, decontamination in primary care dental practices, along with Northern Ireland amendments as noted in the Professional Estates Letter (PEL) (10) 04, should be fully implemented by November 2012. PEL (10) 04 was replaced by PEL (12) 23 on 21 December 2012. PEL (12) 23, was superseded by PEL (13) 13 on 1 October 2013. Sufficient progress to meet best practice guidance in relation to the decontamination of reusable dental instruments had not been made.

Following the inspection, matters in regards to the decontamination of reusable dental instruments were escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr Crutchley attended this meeting at RQIA on 24 April 2015. During this meeting a decision was taken to issue a failure to comply notice to Mr Crutchley in relation to the decontamination of reusable dental instruments.

Three requirements were made previously in relation to reviewing the arrangements for consulting with patients, to further develop the patient guide and statement of purpose. None of these three requirements have been addressed and they are stated for the second time.

Two recommendations were made previously in relation to maintaining records of staff training and that the ongoing refurbishment of the practice should continue. Neither of these recommendations have been addressed and they are stated for the third time.

Seven recommendations were made previously in relation to ensuring records pertaining to the practice are retained in the practice, that records confirming the Hepatitis B immunisation status of staff are retained, environmental cleaning issues, environmental issues, that the overflows on dedicated hand washing basins are blanked off, issues in relation to the legionella risk assessment and control measures, and issues in relation to sharps containers. These recommendations have not been addressed and they are stated for the second time.

A requirement was made previously in relation to the governance and oversight arrangements in this practice. As discussed previously Mr Crutchley was not available during this inspection as he was on unplanned leave. Ms Holland confirmed that in the absence of Mr Crutchley no formal arrangements are in place in relation to the management of the practice.

RQIA are concerned in regards to the governance and oversight arrangements in the practice, the lack of progress to address breeches in regulations, and the inability to demonstrate compliance with the minimum standards for dental care

and treatment. RQIA are concerned that these issues are having a detrimental impact on the delivery of safe and effective care for patients.

Following the inspection, these matters were escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a notice of proposal meeting to impose conditions on the registration of the practice. Mr Crutchley was invited to attend a meeting at RQIA on 24 April 2015. During this meeting Mr Crutchley gave assurances that an additional staff member has been recruited in order to free up the practice manager to undertake the day to day management of the practice, and to ensure that requirements and recommendations made are progressed. During this meeting a decision was taken not to issue a notice of proposal to place conditions on the registration of the practice.

Four requirements and thirteen recommendations were made as a result of the unannounced inspection details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors wish to thank Ms Holland and staff for their helpful discussions, assistance and hospitality throughout the inspection process.



## 8.0 Follow-up on Previous Issues

This was an unannounced inspection to monitor the improvements made following the previous announced inspection undertaken on 22 December 2014. The inspection focused on the previous Quality Improvement Plan.

The requirements were based on The Independent Health Care Regulations (Northern Ireland) 2005 and the recommendations were based The Minimum Standards for Dental Care and Treatment 2011.

### 8.1.0 Previous Requirements

#### 8.1.1 Regulation 9A (1) (f) - The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 201 - 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:

- 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.

The inspectors were not able to demonstrate if this requirement had been addressed. Ms Holland was not aware of the specified policies and procedures having been further developed. Ms Holland and staff confirmed that no updated policies and procedures have been shared with them.

Following the inspection, this matter was escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr Crutchley attended this meeting at RQIA on 24 April 2015. During this meeting Mr Crutchley confirmed that he had started to develop the specified policies, however additional work is required in order to achieve compliance. A decision was taken to issue a failure to comply notice to Mr Crutchley relating to policies and procedures. This requirement has been subsumed into a failure to comply notice. Compliance with the notice will be assessed on 29 June 2015.

#### 8.1.2 Regulation 15(2)(a)(b) - Ensure that the following issues identified regarding radiation protection with the practice are addressed:

- 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.**

Ms Holland confirmed that since the previous inspection a new intra-oral x-ray machine had been installed in surgery one. Ms Holland also confirmed that the appointed radiation protection advisor (RPA) had visited the practice on two separate occasions since the previous inspection to undertake a critical examination on the newly installed intra-oral x-ray machine and a critical examination on the intra-oral x-ray machine in surgery two. However, the RPA reports and other documentation relating to radiology and radiation protection were not available for review. Ms Holland confirmed that Mr Crutchley had the radiation protection file containing all the relevant documents at his home. Therefore compliance with this requirement could not be demonstrated.

Following the inspection, this matter was escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr Crutchley attended this meeting at RQIA on 24 April 2015. During this meeting Mr Crutchley confirmed that the appointed RPA has undertaken critical examinations of the intra-oral x-ray machines, however documentation confirming this was not provided. A decision was taken to issue a failure to comply notice to Mr Crutchley in relation to radiology and radiation safety. This requirement has been subsumed into a failure to comply notice. Compliance with the notice will be assessed on 29 June 2015.

**8.1.3 Regulation 13(1) - 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.**

As discussed previously Ms Holland informed the inspectors that Mr Crutchley was on unplanned leave on the day of inspection. Ms Holland confirmed that in the absence of Mr Crutchley no formal arrangements are in place in relation to the management of the practice.

RQIA are concerned in regards to the governance and oversight arrangements in the practice, the lack of progress to address breaches in regulations, and the inability to demonstrate compliance with the minimum standards for dental care and treatment. RQIA are concerned that these issues are having a detrimental impact on the delivery of safe and effective care for patients.

Following the inspection, these matters were escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a notice of proposal meeting to impose conditions on the registration of the practice. Mr Crutchley attended this meeting at RQIA on 24

April 2015. During this meeting Mr Crutchley gave assurances that an additional staff member has been recruited in order to free up the practice manager to undertake the day to day management of the practice, and to ensure that requirements and recommendations made are progressed. During this meeting a decision was taken not to issue a notice of proposal to impose a condition on the registration of the practice.

As the new arrangements in relation to the day to day management of the practice are in their infancy compliance with this requirement has not yet been demonstrated and will be reviewed at the next care inspection.

This requirement has not been addressed and has been stated for the second time.

**8.1.4 Regulation 17 - 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.**

Ms Holland confirmed that since the previous inspection formal patient consultation had not been undertaken. Ms Holland confirmed that a patient satisfaction survey has been developed and that she intends to distribute this to patients in the near future.

This requirement has not been addressed and it is stated for the second time.

**8.1.5 Regulation 15 (2) (b) - The washer disinfectors and sterilisers must be validated and arrangements put in place to ensure annual revalidation thereafter.**

There was no evidence to confirm that the washer disinfectors and steam sterilisers had been validated since the previous inspection.

Following the inspection, this matter was escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting in relation to the decontamination of reusable dental instruments. Mr Crutchley attended this meeting on 24 April 2015. During this meeting Mr Crutchley verbally confirmed that the steam sterilisers had been validated and that he was scheduling the validation of the washer disinfectors. As no documentation was provided to confirm the arrangements for the validation of this equipment a decision was taken to issue a failure to comply notice to Mr Crutchley in relation to the decontamination of reusable dental instruments.

This requirement has not been addressed and has been subsumed into a failure to comply notice. Compliance with the notice will be assessed on 29 June 2015.

**8.1.6 Regulation 15( 2) (a) - Establish a system to record the cycle parameters of the washer disinfectors and the steam sterilisers.**

**Once established a system to review the information on a regular basis must be introduced.**

Observation and discussion with staff demonstrated that no system is in place to record the cycle parameters of the washer disinfectors and steam sterilisers.

Following the inspection, this matter was escalated to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting in relation to the decontamination of reusable dental instruments. Mr Crutchley attended this meeting on 24 April 2015. During this meeting a decision was taken to issue a failure to comply notice to Mr Crutchley.

This requirement has not been addressed and has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.1.7 Regulation 15 (2) (b) - 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.**

Pre-printed logbooks are available for the washer disinfectors and one of the steam sterilisers. However, review of the washer disinfectors logbook demonstrated that the last entry made was week commencing the 29 September 2013. Review of the steam steriliser logbook demonstrated that it was completed for two weeks commencing 15 December 2014. A logbook has not been established for the second steam steriliser and no information in regards to this machine has been recorded. Discussion with staff demonstrated that a protein residue test in respect of the washer disinfectors is not undertaken.

This requirement has not been addressed and has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.1.8 Regulation 8 - The patient guide must contain all the information as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.**

**A copy of the patient guide must be forwarded to RQIA on completion.**

A copy of the patient guide was not available for review during this inspection.

Compliance with the requirement could not be demonstrated. This requirement has been stated for the second time.

**8.1.9 Regulation 7 - The statement of purpose must contain all the information as outlined in regulation 7 of The Independent Health Care Regulations (Northern Ireland) 2005.**

**A copy of the statement of purpose must be forwarded to RQIA on completion.**

A copy of the statement of purpose was not available for review during this inspection.

Compliance with the requirement could not be demonstrated. This requirement has been stated for the second time.

**8.1.10 Regulation 18 (2) (a) - Ensure that all staff employed in or for the purposes of the practice receive refresher training in infection control and decontamination.**

Ms Holland and staff confirmed that since the previous inspection, refresher training in infection control and decontamination has not been provided.

This requirement has not been addressed and has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.2. Recommendations**

**8.2.1 Minimum Standard 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.**

Ms Holland and staff confirmed that since the previous inspection the practice has not provided any staff training and therefore no training records had been completed.

Compliance with this recommendation could not be demonstrated during the inspection and has been stated for the third time.

**8.2.2 Minimum Standard 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.**

As discussed previously Ms Holland confirmed that Mr Crutchley had records such as the radiation protection file and the legionella risk assessment were not being retained at the practice. Additional records requested during the inspection such as the statement of purpose and patient guide were not available for review.

This recommendation has not been addressed and has been stated for the second time.

**8.2.3 Minimum Standard 14 – The on-going refurbishment of the practice should continue and include the reception and waiting room areas.**

Ms Holland confirmed that since the previous inspection no refurbishment work has been undertaken in the practice.

This recommendation has not been addressed and has been stated for the third time.

**8.2.4 Minimum Standard 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.**

Ms Holland was not aware if contact had been made 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 has not been installed.

Compliance with this recommendation could not be demonstrated during the inspection. This recommendation has been stated for the third time.

**8.2.5 Minimum Standard 13 – 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.**

Ms Holland confirmed that since the previous inspection no instruments have left the practice for repair, servicing or maintenance. Ms Holland also confirmed that Mr Crutchley deals with instruments that leave the practice for repair and is not aware if records pertaining to this are retained.

This recommendation has not been addressed and has been stated for the third time.

**8.2.6 Minimum Standard 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.**

It was observed that the waste outlets of the manual cleaning and rinsing sinks do not allow for a plug to be inserted.

This recommendation has not been addressed and it has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.2.7 Minimum Standard 13 – A manual cleaning procedure must be developed in line with best practice to guide and direct staff.**

A dental nurse confirmed that all reusable dental instruments are manually cleaned prior to processing in the washer disinfecter. There was no evidence of any formal manual cleaning procedure.

This recommendation has not been addressed and it has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.2.8 Minimum Standard 13 – The steam sterilisers should be cleaned and maintained clean at all times.**

Improvement was noted in the cleanliness of the steam sterilisers, however a build-up of debris was observed in the cassette slots.

This recommendation has not been fully addressed and has been stated for the third time.

**8.2.9 Minimum Standard 13 – Establish a system to record the pressure achieved for the identified steriliser.**

As discussed previously a system is not in place to capture the cycle parameters of the steam sterilisers. In regards to one of the steam sterilisers the pressure achieved can be evidenced from the visual display, however this is not the case for the second steam steriliser.

This recommendation has not been addressed and has been stated for the third time.

**8.2.10 Minimum Standard 13 – Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.**

Ms Holland confirmed that records detailing the Hepatitis B immunisation status of clinical staff are not available in the practice. A dental nurse confirmed that she has been immunised against Hepatitis B, however she has not provided the practice with documentation to confirm this.

This recommendation has not been addressed and has been stated for the second time.

**8.2.11 Minimum Standard 13 – The following issues in relation to environmental cleaning should be addressed:**

- **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 clean the different designated areas within the practice in accordance with the National Patient Safety Agency; and**
- more attention to detail should be paid to cleaning the decontamination room.**

Ms Holland confirmed that the policy and procedure for cleaning the environment has not been further developed since the previous inspection and that additional cleaning equipment has not been provided. 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. Dust and debris was also observed on the vertical blinds and on some surfaces in surgery one.

This recommendation has not been addressed and has been stated for the second time.

#### **8.2.12 Minimum Standard 13 – The following issues in relation to the environment must be addressed:**

- 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.**

It was observed that no remedial works to repair the damaged ceiling in surgery one or the decontamination room have been undertaken since the previous inspection. Ms Holland confirmed that she is not aware of any repair works having been scheduled or of any investigations having been undertaken to identify the root cause of the damp in the reception area. It was observed that the floors in clinical areas have not been sealed at the edges and that the wallpaper in the decontamination room has not been removed or cladded over to provide an impervious surface that can be easily cleaned. Since the previous inspection sections of wallpaper in the decontamination room are coming away from the walls directly below the section of missing ceiling.

Following this inspection the lack of progress to address the issues identified in relation to the environment was discussed with senior management in RQIA. It was agreed during this discussion that a RQIA estates inspection would be scheduled in the near future.

A component of this recommendation to undertake remedial repairs to the damaged ceiling in the decontamination room has been subsumed into a



failure to comply notice in regards to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015. The remaining components of this recommendation have been stated for the second time.

**8.2.13 Minimum Standard 13 – 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.**

It was observed that the overflows of the stainless steel hand washing basins have not been blanked off and Ms Holland confirmed that she is not aware of any arrangements made to blank off the overflows.

This recommendation has not been addressed and has been stated for the second time.

**8.2.14 Minimum Standard 13 – The following issues in relation to legionella should be addressed:**

- the legionella risk assessment should be retained in the practice;
- further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and retain records for inspection.

Ms Holland confirmed that the legionella risk assessment is not retained at the practice. Ms Holland also confirmed that she is not aware of any legionella control measures having been implemented since the previous inspection.

This recommendation has not been addressed and has been stated for the second time.

**8.2.15 Minimum Standard 13 – The following issues in regards to sharps containers should be addressed:**

- 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.

It was observed that only sharps containers suitable for the disposal of pharmaceutical waste are available in the practice. Ms Holland confirmed that she has requested sharps containers suitable for the disposal of pharmaceutical waste from the registered waste carrier however the practice has not taken delivery of these.

This recommendation has not been addressed and has been stated for the second time.

**8.2.16 Minimum Standard 13 – An illuminated magnification device should be in place and used to inspect instruments following cleaning as part of the decontamination process.**

It was observed that an illuminated magnification device has not been provided. A dental nurse confirmed that she visually inspects all instruments following cleaning in the washer disinfectant and prior to sterilisation. Ms Holland was not aware if an illuminated magnification device has been ordered.

This recommendation has not been addressed and has been subsumed into a failure to comply notice in relation to the decontamination of reusable dental instruments. Compliance with the notice will be assessed on 29 June 2015.

**8.3 Enforcement**

Following the inspection, the lack of progress to address breaches in regulations and meet the minimum standards for dental care and treatment was reported to senior management in RQIA as a serious concern. Following which a decision was taken to hold an intention to issue a failure to comply notice meeting and a notice of proposal meeting. These meetings were scheduled for the 24 April 2015. Mr Crutchley attended these meetings on 24 April 2015 and provided assurances that work to address the requirements and recommendations has commenced.

At the conclusion of the failure to comply meetings a decision was taken to issue three failure to comply notices to Mr Crutchley. The failures to comply notices are in regards to policies and procedures, radiology and radiation safety and the decontamination of reusable dental instruments.

During the intention to issue a notice of proposal meeting Mr Crutchley confirmed that an additional staff member has been recruited in order to free up the practice manager to undertake the day to day management of the practice, and to ensure that requirements and recommendations made will be progressed. A decision was taken not to issue a notice of proposal to impose a condition on the registration of the practice at this time.

The date by which compliance with the failure to comply notices must be achieved is 28 June 2015; a further inspection will be carried out on the 29 June 2015 to assess compliance with the failure to comply notices.

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with 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:

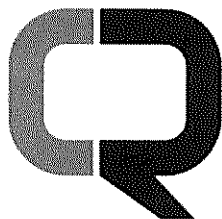
**Stephen O'Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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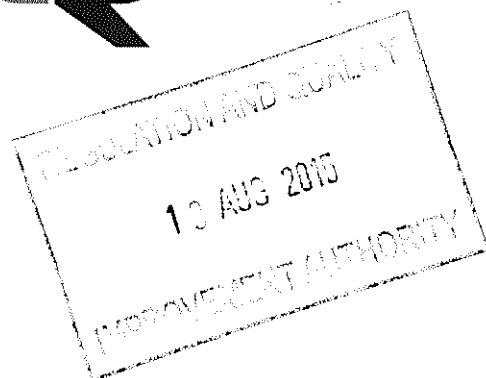
**Stephen O'Connor**  
**Inspector/Quality Reviewer**

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**Date**



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## **Quality Improvement Plan**

### **Unannounced Inspection**

**Crutchley R J Dental Practice**

**23 March 2015**

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 Mr Crutchley 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	13 (1)	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.  <b>Ref: 8.1.3</b>	Two	<i>ongoing</i>	Two months
2	17	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.  <b>Ref: 8.1.4</b>	Two	<i>ongoing</i>	Two months
3	8	The patient guide must contain all the information as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005.	Two	<i>done</i>	Two months

		<p>A copy of the patient guide must be forwarded to RQIA on completion.</p> <p><b>Ref: 8.1.8</b></p>			
4	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><b>Ref: 8.1.9</b></p>	Two	done	Two 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.  <b>Ref: 8.1.2</b>	Three	<i>doing</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.  <b>Ref: 8.2.2</b>	Two	<i>done</i>	Immediate and on-going
3	14	The on-going refurbishment of the practice should continue and include the reception and waiting room areas.  <b>Ref: 8.2.3</b>	Three	<i>done</i>	Two 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.  <b>Ref: 8.2.4</b>	Three		Two months

5	13	<p>Records pertaining to the testing, servicing, maintenance and repair of instruments should be retained at the practice for at least two years.</p> <p>A procedure for the use, maintenance, service and repair of all medical devices should be developed.</p> <p><b>Ref: 8.2.5</b></p>	Three	<p><i>done</i> <i>x ongoing</i></p>	Immediate and ongoing
6	13	<p>The steam sterilisers should be cleaned and maintained clean at all times.</p> <p><b>Ref: 8.2.8</b></p>	Three	<p>✓</p>	Immediate and ongoing
7	13	<p>Establish a system to record the pressure achieved for the identified steriliser.</p> <p><b>Ref: 8.2.9</b></p>	Three	<p>✓</p>	Two months
8	13	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p> <p><b>Ref: 8.2.10</b></p>	Two	<p>✓</p>	Two months
9	13	<p>The following issues in relation to environmental cleaning should be addressed:</p> <ul style="list-style-type: none"> <li>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;</li> <li>ensure that sufficient equipment is available to clean the different</li> </ul>	Two	<p>✓ <i>done</i> ✓</p>	Two months



		<p>designated areas within the practice in accordance with the National Patient Safety Agency; and</p> <ul style="list-style-type: none"> <li>• more attention to detail should be paid to cleaning the decontamination room.</li> </ul> <p><b>Ref: 8.2.11</b></p>	✓		
10	13	<p>The following issues in relation to the environment must be addressed:</p> <ul style="list-style-type: none"> <li>• undertake remedial works to repair the damaged ceiling in surgery one;</li> <li>• identify the root cause of the damp near the windows in the reception area and surgery three and repair same;</li> <li>• the floors in all clinical areas should be sealed at the edges where they meet the skirting boards and kicker boards of cabinetry; and</li> <li>• the wallpaper in the decontamination room should be removed or cladding should be applied to provide an impervious surface that can be easily cleaned.</li> </ul> <p><b>Ref: 8.2.12</b></p>	Two <i>dam</i>  <i>dam</i>	<i>arguing</i>  ✓	Two months
11	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><b>Ref: 8.2.13</b></p>	Two	✓	Two months

12	13	<p>The following issues in relation to legionella should be addressed:</p> <ul style="list-style-type: none"> <li>the legionella risk assessment should be retained in the practice;</li> <li>further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures and retain records for inspection.</li> </ul> <p><b>Ref: 8.2.14</b></p>	Two	  	Two months
13	13	<p>The following issues in regards to sharps containers should be addressed:</p> <ul style="list-style-type: none"> <li>sharps containers suitable for the disposal of pharmaceutical waste should be provided; and</li> <li>the practice of purposefully discharging anaesthetic cartridges into the sink so that the empty cartridges can be disposed of in the general sharps containers should cease immediately; and</li> <li>partially discharged anaesthetic cartridges should be disposed of in a sharps container suitable for pharmaceutical waste.</li> </ul> <p><b>Ref: 8.2.15</b></p>	Two	    	Two months

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

SIGNED: 

NAME: R O'Connor  
Registered Provider

DATE 17.8.2015

SIGNED: 

NAME: A Howard  
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