

# Announced Care Inspection Report 26 August 2016



## D I Crutchley Dental Practice

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
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**Tel No: 028 9060 3440**  
**Inspector: Norma Munn**

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## 1.0 Summary

An announced inspection of D I Crutchley Dental Practice took place on 26 August 2016 from 10.00 to 13.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental practice was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Observations made, review of documentation and discussion with Ms Natalie Moore, senior dental nurse and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to the servicing of the x-ray machines.

### Is care effective?

Observations made, review of documentation and discussion with Ms Moore and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### Is care compassionate?

Observations made, review of documentation and discussion with Ms Moore and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision-making. No requirements or recommendations have been made.

### Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Moore as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/ registered provider:</b> Mr Ian Crutchley	<b>Registered manager:</b> Mr Ian Crutchley
<b>Person in charge of the service at the time of inspection:</b> Ms Natalie Moore	<b>Date manager registered:</b> 3 January 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Ms Moore, senior dental nurse, the practice manager and one dental nurse. Ms Moore facilitated the inspection and Mr Crutchley, registered person was present towards the end of the inspection. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 14 May 2015**

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 14 May 2015**

As above.

#### **4.3 Is care safe?**

##### **Staffing**

One dental surgery is in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of one evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with Ms Moore confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of a criminal conviction declaration. Ms Moore confirmed that a system had been implemented to ensure that all new employees complete a criminal conviction declaration and a proforma has also been developed to be completed by potential employees.

There was a recruitment policy and procedure available. A minor amendment was made to the policy following the inspection to reflect best practice guidance.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Discussion with Ms Moore and a review of records demonstrated that staff had received training in safeguarding children and adults during January 2015 as outlined in the Minimum Standards for Dental Care and Treatment 2011. Ms Moore had also attended recent training in "Safeguarding Adults at Risk " and demonstrated how she shared the information to the staff in relation to the new guidance Prevention and Protection in Partnership July 2015. Ms Moore has also provided a copy of the new guidance for safeguarding children and young people and intends to discuss this guidance with staff at the next staff meeting.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

## **Management of medical emergencies**

Arrangements are in place that the emergency medicines and equipment for D I Crutchley Dental Practice are shared with Loughridge Dental Care which is located on the ground floor of the building. Medicines and equipment are located in Loughridge Dental Care and are within easy access to both practices.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Ms Moore is aware that when this expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. Emergency medicines are retained in condition specific zipped pouches along with the associated protocols to facilitate quick and easy access in the event of a medical emergency. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice with the exception of an automated external defibrillator (AED). Ms Moore advised that a community AED was available at a local retailer's which was within easy access to the practice in a timely manner. This arrangement has been included in the appropriate protocol.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. Emergency medicines and equipment checks are carried out by the identified staff members in both D I Crutchley Dental Practice and Loughridge Dental Care.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

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

### **Infection prevention control and decontamination procedures**

Clinical areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Discussion with staff demonstrated that they adhere to best practice in terms of uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and the transportation of dental instruments in the practice.

D I Crutchley Dental Practice does not have a decontamination room. The decontamination of dental instruments used in the dental practice currently takes place in Mr Crutchley's other practice, Fifteen Dental in Downpatrick. Discussion with Ms Moore demonstrated that appropriate arrangements are in place for the safe transport of instruments between the two practices. A local policy had been developed outlining the procedure for the transportation of instruments outside of the dental practice in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### **Radiography**

The practice has one surgery which has an intra-oral x-ray machine. In addition Mr Crutchley uses an orthopan tomogram (OPG) machine, which is located in a separate dental practice downstairs.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included x-ray audits and digital x-ray processing. Ms Moore confirmed that rectangular collimation is not always used. Ms Moore has agreed to discuss this issue with Mr Crutchley to address.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

A three year review was undertaken by the RPA in August 2016 and the practice had recently been provided by with the RPA report. It was confirmed that any recommendations made by the RPA would be addressed.

Review of documentation confirmed that arrangements are in place to ensure that x-ray equipment is repaired should a fault be detected. Arrangements were in place to service the OPG, however, arrangements had not been established to ensure that the intra-oral x-ray machine is serviced in accordance with manufacturer's instructions. This was discussed with Ms Moore who has agreed to address this issue. A recommendation has been made.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a good standard of maintenance and décor. Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. This included servicing of fire safety equipment and fire safety testing. Staff confirmed that fire drills had taken place on a six monthly basis. Staff were aware of the action to take in the event of a fire. Fire training had previously taken place and Ms Moore confirmed that this training would be updated for all staff in the practice.

A written scheme of examination of pressure vessels is in place and pressure vessels have been inspected in keeping with the written scheme.

## **Patient and staff views**

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- "I have the utmost faith in the practice."
- "Home from home."
- "First class surgery."
- "I'm always made to feel welcome and comfortable."
- "I always feel comfortable in the practice."
- "Not my favourite place because I don't like the dentists but always receive the best care."

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in this domain.

### Areas for improvement

Arrangements should be established to ensure that x-ray equipment is serviced in keeping with manufacturer's instructions.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 4.4 Is care effective?

### Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Ms Moore confirmed that policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO).

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A variety of literature was available relating to oral health. Ms Moore confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- display screen equipment
- patient records
- access/facilities



## Communication

Ms Moore confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a two or three monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of most recent staff meeting held in May 2016 were retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A two day training session held in London entitled, "Patient Care and Superior Customer Service" was attended by Ms Moore and Mr Crutchley. Ms Moore demonstrated how beneficial this training has been to improve the communication and service delivered to patients.

## Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- "I am a very nervous patient, but feel very comfortable here, made to feel at ease."
- "Excellent service."
- "Care is of the highest standards."
- "Always feel very cared for."
- "I put my trust in ...and his staff."
- "Very happy."
- "Everything is explained to me."
- "Everything explained in detail."

All three submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were provided in this domain.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision-making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. There were no patients being treated during the inspection, however staff demonstrated how they converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear. The practice offers intravenous (IV) sedation for nervous patients. Ms Moore confirmed that she had undertaken training in relation to IV sedation in March 2016.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report undertaken in April 2016 demonstrated that the practice proactively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

### Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- "I always feel relaxed and comfortable."
- "Always consulted and informed before treatments."
- "Very caring and compassionate at all times."
- "I have always been treated very well and can chat easily to ..."
- "All my treatment is explained to me at every appointment."
- "Treated like VIP."

All three submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were provided in this domain.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

#### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed and dated. Ms Moore confirmed that the policies are systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms Moore confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

## Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they felt that the service is well managed. .

Comments provided included the following:

- "...always explain in detail my treatment."
- "Very professional."
- "Lovely staff."
- "Excellent dentist and team!"
- "Very well managed."
- "Lovely practice, lovely staff, excellent dentist."
- "Staff are always very efficient. They remain professional at all times."
- "I always receive the most excellent care here."
- "I have no complaints with any of the relevant aspects of this practice. I have a long, painful and complicated dental history and the fact that at the age of 68 I still have any teeth at all is a tribute to ... and his team."

All three submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

- "I have a lot of confidence within the management of the practice."

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Moore, senior dental nurse as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 September 2016</p>	<p>X-ray equipment should be serviced and maintained in keeping with the manufacturer's instructions.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A date will be organised and i will forward the relevent information on to yourselves in due course</p>
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*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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