

Announced Care Inspection Report 30 July 2018



Fifteen Dental Plus

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 1st Floor, 116 Upper Lisburn Road, Belfast BT10 0BD
Tel No: 028 9060 3440
Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



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

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

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

Organisation/Registered Provider: lanmart Ltd Responsible Individual: Mr Ian Crutchley	Registered Manager: Mr Ian Crutchley
Person in charge at the time of inspection: Mr Ian Crutchley	Date manager registered: 15 May 2018
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: One

The practice was previously known as D I Crutchley Dental Practice and was initially registered with RQIA on 09 February 2012. RQIA received an application from Mr Ian Crutchley to change the entity and name of the practice. On 15 May 2018 RQIA approved the application from lanmart Ltd which is now registered organisation responsible for Fifteen Dental Plus.

4.0 Action/enforcement taken following the most recent inspection dated 25 September 2017

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

4.1 Review of areas for improvement from the last care inspection dated 25 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15(2) (b) Stated: First time To be completed by: 8 November 2017	<p>The registered person shall ensure that all decontamination equipment used by the practice is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>A copy of the validation certificate for the identified steriliser should be submitted to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The decontamination of dental instruments used in Fifteen Dental Plus takes place in Fifteen Dental in Downpatrick, which is owned and managed by Ianmart Limited.</p> <p>The practice manager provided a copy of the booking confirmation to evidence that the decontamination equipment is to be validated on 7 September 2018.</p>	
Area for improvement 2 Ref: Regulation 15 (3) Stated: First time To be completed by: 08 November 2017	<p>The registered person shall ensure that the washer disinfectant used by the practice is repaired or replaced.</p> <p>All reusable dental instruments are to be cleaned and sterilised using a validated process in keeping with HTM 01-05.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed during the recent announced care inspection to Fifteen Dental on 28 June 2018 that the washer disinfectant was operational and that all reusable dental instruments are processed using the washer disinfectant.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the intra-oral x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>On completion a copy of the service certificate should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that the intra-oral machine had been serviced on 24 July 2018.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff have an annual appraisal. Records of appraisal should be retained for inspection.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: It was confirmed that all staff have an annual appraisal completed. The practice manager stated a record had not yet been completed however following discussion it was agreed that a record would be made of the most recent appraisal meetings undertaken for both staff members.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the fire risk assessment is reviewed on an annual basis.</p> <p>Action taken as confirmed during the inspection: A fire risk assessment pertaining to Fifteen Dental Plus, which occupies the first floor of the building, undertaken in June 2012 was in place. The risk assessment was signed and dated to verify that the risk assessment had been reviewed since the previous inspection. The practice manager stated that there have not been any changes to the practice in the interim period. It was also confirmed that a new fire risk assessment is to be undertaken to include the complete building. The practice manager stated a copy of the new fire risk assessment will be retained in the practice.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 9 Stated: First time	The registered person shall ensure that an anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties.	Met
	Action taken as confirmed during the inspection: A patient consultation process was in progress, a copy of the patient questionnaire was provided for review. The practice manager confirmed that upon completion an anonymised report will be made available to patients and other interested parties.	
Area for improvement 4 Ref: Standard 1 Stated: First time	The registered person shall ensure that the statement of purpose and patient guide are updated, kept under review and revised when necessary.	Met
	Action taken as confirmed during the inspection: Review of the statement of purpose and patient guide confirmed that these documents were up to date.	

5.0 Inspection findings

An announced inspection took place on 30 July 2018 from 10.30 to 12.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with Mr Crutchley, responsible individual, the practice manager, and the receptionist. A tour of the premises was also undertaken.

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

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A discussion took place in relation to the procedure for the safe administration of Adrenaline in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. The practice manager confirmed that Adrenaline will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during October 2017, the practice manager confirmed that refresher training has already been booked and will take place in October 2018.

Intravenous sedation is available as required for patients in accordance with their assessed need. It was established that all members of the dental team providing treatment under intravenous sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). It was observed that the appropriate medicines for IV sedation were available and securely stored.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas was clean, tidy and uncluttered. The practice manager agreed to re-instate cleaning schedules for all areas of the practice which will be signed on completion.

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

A review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice; any areas that required to be improved had been actioned.

The audits are carried out by the practice manager and discussion confirmed that any learning identified as a result of these audits is shared during staff meetings.

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

During discussion it was identified that conventional needles and syringes are used by the dentist when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. It was confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was in place for the practice, which indicates the steps taken by the dentist to reduce the risk of sharps injuries occurring.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

Fifteen Dental Plus does not have a decontamination room. The decontamination of dental instruments used in Fifteen Dental Plus takes place in Fifteen Dental in Downpatrick, which is owned and managed by Ianmart Limited.

Discussion with the practice manager and review of the facilities and transport equipment provided demonstrated that robust procedures are followed to ensure the transportation of instruments, outside the dental practice, complies with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.

Review of documentation demonstrated that a record is maintained of all instruments being transported into and out of Fifteen Dental Plus. An itemised consignment record is made of all used instruments being taken from the practice, which is signed and dated on departure. This document is secured to the heavy duty large lidded container provided for storing the instruments when in transit. Upon arrival at Fifteen Dental this record of unprocessed instruments is checked and signed by the staff member receiving the unprocessed instruments. This recording process is repeated when the processed instruments leave Fifteen Dental to return to Fifteen Dental Plus.

The lidded container used for transporting the dental instruments is kept in a dedicated room which is only accessible by staff members.

During a recent inspection to Fifteen Dental it was confirmed that appropriate equipment has been provided to meet the needs of both Fifteen Dental and Fifteen Dental Plus. As previously stated arrangements are in place to ensure that all decontamination equipment used by the practice is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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

As discussed a review of the most recent IPS audit, completed during June 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice.

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

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

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has one surgery which has an intra-oral x-ray machine.

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

A dedicated radiation protection file containing all relevant information was in place. Mr Crutchley reviews the information contained within the file to ensure that it is current.

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

The practice manager demonstrated sound knowledge of radiology and radiation safety in keeping with her role and responsibilities as the practice manager and dental nurse.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Equality data

Equality data

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

5.6 Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All 15 patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. The following comments were included in the submitted questionnaire responses:

- “Complete care and excellent dentistry.”
- “A great surgery for my family to belong to.”
- “Excellent, professional care in a lovely practice environment.”
- “Super surgery.”
- “Everyone was very nice and helpful. Extremely professional and friendly.”
- “Always excellent- couldn’t ask of better, very pleased.”
- “First class treatment with a smile.”
- “Always treated with great care and respect.”
- “A very caring and friendly dentist.”
- “Very happy and satisfied with the level of support and care provided.”
- “Very satisfied with all aspects of care given.”

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

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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